OPENING OF THE MEDICAL SESSION, 1859-60.

Abstracts

OF THE

INTRODUCTORY LECTURES

DELIVERED AT THE

VARIOUS MEDICAL SCHOOLS OF LONDON.

ST. BARTHOLOMEW'S HOSPITAL.

INTRODUCTORY ADDRESS BY MR. LUTHER HOLDEN.

The session at St. Bartholomew's Hospital was inaugurated in the usual manner. The several professors, the resident students, and a large number of distinguished visitors, were hospitably entertained by Dr. Martin, the Warden, in the hall of the College, after which they adjourned to the anatomical theatre, already densely crowded, to hear the introductory address, which was this year delivered by Mr. Luther Holden; at its close, the great hall was thrown open to the whole assembly.

Mr. Holden commenced by saying that he felt honoured in having the privilege to deliver an inaugural address to the oldest and the best attended medical school in the kingdom. The numerous attendance of students was a source of pride to themselves, and they also felt a pride in the antiquity of their institution; but it was the combination of these two elements of strength which enabled them to resist the encroachments of an innovating Legislature, which paid little regard to what was prescriptive. He was happy to say, however, that the treasurer and the trustees were ever careful to provide for the wants of patients and students, to suit all the appliances of the hospital to the advanced stage of medical science; so that, whenever the threatened ordeal of legislative interference came upon them, the hospital of old Raine would still be able to meet it, and pass through it with increased glory. It was, however, to those who were there for the first time that evening that he principally wished to address his remarks. In all friendliness he wished them welcome to St. Bartholomew's. He wished them welcome to what was to be their home for some time to come—for a home it would be to them, if they came there in the same spirit that the hospital received them, with a zeal and earnestness, and a determination to turn their time to the best account. If there was amongst them one who could not lay his hand on his heart and say that that was the spirit in which he came amongst them, he would say to him, "Depart at once; stay not with us." From such a man the hospital could expect no credit. His stay would be unprofitable to himself; and not only that, he would also be the nucleus of incalculable mischief to his fellow-students. They were now entering upon a profession the grandest it was possible to conceive. What other profession in the world had such a large range of study? What other profession had been so active in dispensing benefits and blessings upon mankind? Well might they say with the poet—

"Qua regio in terris nostri non plena laboris."

Entering upon their career, he would, at the expense of dullness, venture to offer to them a few practical observations in the shape of advice. Above all things, he would advise them to consult the book of Nature—to see how things worked—to try and discover the motives of her action; for it was by taking that course that they would best be able to aid her when she required assistance. They should make practical anatomy the pillar and the backbone of their medical and surgical studies. They should not depend upon manuals for the acquisition of that knowledge; but seek for it in the dissecting-room, and afterwards apply to their books if they wished to collate their own ideas with those of writers upon the subject. He would advise them, too, to take notes of all they heard from the lecturer or from the demonstrator. They should write them out in the evening, and review them every week, for it was by such self-training that they would make their knowledge a reality, and not the ghost or shadow of medical science. The practice of writing out would not only imprint the subject of study upon their minds, but it would also give them an easy and graceful style of writing; for it was in writing, as in general behaviour and address, elegance was acquired by observation and imprinted by habit. (A student, evidently a novice, for he was not aware that half-and-half is the peculiar beverage of the faculty, seeing the lecturer take a draught of water, cried out, "Give him beer.") Mr. Holden, taking advantage of the interruption, said he wished to put the students on their guard against a difficulty which he and all others who joined the profession had experienced. However eager they might be, in commencing their profession, to make themselves master of its details, they would, after four or five weeks of labour, find facts so accumulate upon them, and the paths of science they had to tread seemingly so intricate, that they might become despondent, and have recourse to what was called a turn of London life. He cautioned them against that, for he knew that at their time of life, with little experience of the world and strong passions, how easy it was for them to be led into dissipation, from the baneful effects of which it would be impossible for them to recover. If they took that course, they would lose the whole of their first year; and, as they had only three years for study, they would find that, even with the greatest industry, they would not be able to prepare themselves for their examination. Their professional occupation would bring them into intercourse with all classes of society. It was therefore necessary that they should take care that patients who were great and noble should find them elegant and accomplished gentlemen, and that the poor should find in them kind and sympathizing friends. Everybody would be applying to them. The doctor was consulted in every case. (A laugh.) The late Duke of Wellington, when he was appointed Chancellor of the University of Oxford, had, according to custom, to deliver a Latin speech, and, for once in his lifetime, the great Duke found himself at fault, and applied to his physician, and it was creditable to the profession that his physician was competent to the task. In the same way, they would be consulted on matters independent of their profession; and as professional success very frequently depended upon attention to matters that might at first sight appear trivial, it would be for their advantage if they acquired a demeanour gentle and courteous to all. The late Sir Walter Scott had observed that the country doctor was the worst paid and worst cared-for animal in existence, with the exception of his horse. Still, with all that, they were the aristocracy of science; and there was not one of those whom he addressed who might not aspire to fill the presidential chair of the Royal Society, now so worthily occupied by Sir Benjamin Brodie. As they passed through the grand hall of the hospital, they would see the portraits of those who had shed light and lustre upon the institution, and upon the medical profession. It should be their ambition to imitate them. It was said of the Romans of old, "Quum majorum imaginibus intuerentur ad gloriam accensi fuerent." In the same way, the sight of the great worthies of the profession would, he hoped, stimulate them to rival their renown. They might also take lessons of encouragement from their predecessors of a more recent date—from those who, a few years ago, occupied the benches before him, who went out in the course of the late war, and, dying in the Crimea, showed their devotion to their profession and to suffering humanity. He hoped, however, that their career would be one of peace—that they would keep the light of science burning, like the Persian fire upon the hill tops, and that, imitating the Grecian youths in the games of old, they would pass on the burning torch from one to another, until the illumination was complete.

CHARING-CROSS HOSPITAL.

MR. TUSON'S ADDRESS.

The introductory lecture was given by Mr. Tuson, Professor of Chemistry. The theatre of this School was well filled by visitors, as well as by the lecturers, scholars, and old students of the hospital.

The lecturer, in opening his address, which was heartily applauded throughout, dwelt upon the great difficulties and responsibilities, as well as pleasures, with which the profession of medicine abounds. He remarked that, although the various studies and accomplishments required by students are far more extensive than formerly, yet that by the thorough working of the new Medical Act the profession will be cleared of its burden of quackery, and full scope allowed for the legitimate practitioner.

In calling attention to the new regulations respecting the education, both medical and general, now necessary, the lec-

turer considered the five years' apprenticeship required by the Hall too long by half, but that the time of study at a medical school might be increased with benefit to the student. He also spoke of some advantages which a small hospital class possessed over a large one, the opportunities of intercommunication between teacher and pupil being far more numerous in the former instance.

After greatly amusing his hearers with some humorous anecdotes, chiefly relating to chemistry, the lecturer exhorted the students to a diligent attendance on classes; and while deprecating the practice of taking long notes of lectures, he recommended them to study earnestly in their works of reference the subjects discoursed on by their teachers, as the only way of obtaining a lasting knowledge of their profession.

Mr. Tuson then referred at some length to the value and influence of chemistry on the career and practice of the physician. After speaking of the great importance of this branch of study, he cautioned his hearers against placing too implicit reliance upon it, and concluded an able address in the following words:—

"Another reason why medico-chemical researches have not been more numerous and trustworthy may be inferred from the fact that the physiology and the pathology of the chemist are frequently very weak, easily and of course readily pulled to pieces by those who have specially devoted themselves to those subjects; while the chemist as often returns the compliment by showing that his science, as treated by the physiologist and pathologist, is in the same weakly condition: in other words, we seldom, if ever, find that which is most desirable for the successful advancement of medico-chemical knowledge,—viz., a sound theoretical and practical acquaintance with chemistry, physiology, and pathology, united in the same man.

"That which I believe would tend very much to ameliorate the present condition of medical chemistry would be for those studying and practising medicine as a profession to devote more time to the laboratory, where, according to the present arrangements, they only acquire a smattering of chemistry. I further believe that if this suggestion were to be followed out, the knowledge acquired would be the means of releasing medicine of much of its empiricism, and of inducing investigations to be made which in time would prove of the greatest value, not only to science, but to humanity in general. By some, students especially, chemistry is regarded as a sort of bugbear or interloper, and they neglect the study of it altogether, principally because they have not sufficient patience to master the preliminary details of the principles and practice. There are others, again, who expect chemistry to supply the place of more useful knowledge, and rely too much on it for indications of the nature of disease and the means for its removal. Now, admitting, as I do, the great benefits which would accrue from the medical man becoming more intimately acquainted with chemical principles and practice, I would nevertheless advise all those who apply to it for assistance to do so freely, but with care and caution, and to endeavour to remember a remark of Coleridge,—that 'Truth is a good dog; but beware of his barking too close to the heels of an error, lest you get your brains knocked out.'

"In conclusion, I have to remark that if those gentlemen this day commencing their studies only conduct themselves in the highly gratifying and exemplary manner in which those of last year did, the pupils of Charing-cross Hospital may well be held up as a pattern to those of other schools, and be the means of depriving the medical student of the bad name he at one time so justly deserved; and I have to hope that those who are strangers to the metropolis, while they at proper times and seasons avail themselves of harmless sports and amusements, will avoid participating in those vices which the conscience of every man, young or old, tells him will not only unfit him for his work, but detract from his character as a gentleman."

ST. GEORGE'S HOSPITAL.

ADDRESS BY MR. H. C. JOHNSON.

THE introductory lecture was delivered by Mr. Henry C. Johnson, in the presence of an unusually large number of students, many of the most eminent medical practitioners at the west end of London, and many of the governors and well-wishers of the charity. We noticed a great number of "new faces" as well as old ones, and the benches were crowded up to the ceiling of the theatre.

The lecturer, who is the junior surgeon of the hospital, gave his address in a clear, unhesitating, and impressive manner; and as he directed his words in particular to the younger part of his audience, he was attentively listened to by all who were then in the lecture-room for the first time. The subject matter of the address was thoroughly practical. After enunciating definitions and an epitome of the various divisions of study which go to make up the complex whole to which the student's energies and powers of mind have to be directed, and which at his first entrance into the struggle must of necessity appear so vast and bewildering, we were glad to hear him warning the student against absolutely relying upon anything but his own exertion and application, seeing that all lecturers and all teachers were themselves, even to the last, but learners in the great school of human knowledge and truth. He singled out three subjects to which he urgently admonished the student to pay special heed—namely, dissection, clinical study, and pathology, showing how necessary these were to the successful or even ordinary practice of the medical man, and how completely all other studies were but collateral and adjuvant. In addition to much good and wholesome advice regarding purely scientific and professional studies, the lecturer went on to point out the imperative necessity under which the student was placed of cultivating a fitting spirit and behaviour with which he should follow his pursuits, especially urging the call for a decorous and discreet manner at the bed-side of the sick man at those times when even the most trifling and minute points are liable to be misconstrued by the patient and the slightest word, gesture, or look interpreted as indicative of his condition and prospects.

Mr. Johnson gave due weight to his words by sundry apt and varied quotations, pressing into his service many moral, philosophical, and medical writers, and sought to impress more vividly the minds of his hearers by directing attention to the names, lives, and histories of many who in past times have, as physicians, surgeons, and scientific men, adorned the list of pupils and medical officers of the hospital with whom the new student was now associating himself. Of such were Cheselden, John and W. Hunter, Young, Home, Baillie, Hope, Pemberton, Keate, Brodie, and many others.

The lecturer concluded by mentioning the names of those students who, in the past session, had been successful in carrying off the various rewards of industry, ability, and good conduct; and enumerated the various exhibitions, &c.—prizes which the authorities had it in their power to offer for competition. We will only allude to the "Brown Exhibition" of £40 a year, tenable for three years; three prizes of twenty guineas each; besides the "Brodie Prize," the "Thompson Medal," the "Powell Prize," and "Sir Charles Clarke's Prize." The lecturer paid a passing tribute to the excellencies of the late Sir C. Clarke, whose stipulation as regards his prize, which was to be awarded for good conduct, was thoroughly indicative of his character.

GROSVENOR-PLACE SCHOOL OF MEDICINE.

INTRODUCTORY LECTURE BY DR. COCKLE.

THE subject selected for the address was "The Present and Past Phases of Physic." The lecturer remarked that if the actual phases of medicine were analyzed, five sections might be discovered, which, though passing more or less into each other by insensible degrees, still presented distinct centres of inquiry.

The first division is, working on the basis of a refined physiological pathology, its proposed object being to solve the higher problems of organic being, and from such solution to deduce a general theory of disease. This school considers its science the sole rational basis of therapeutics.

The second division includes those who, exercising their reasoning faculty as to the causes and *modus operandi* of morbific agents, superadd the use of such remedies as experience has sanctioned. This is the doctrine of rational empiricism.

The third division comprises those who, investigating the general etiology of disease, aim at the removal of such disease by the strict enforcement of sanitary regulations. This is the hygienic school.

The fourth division enumerates those who, though studying minutely the causes and symptoms of disease, trust mainly to the innate power of the organism to repair its injured mechanism. This is the school of expectants or naturists.

The fifth division embraces those who distrust our actual therapeutics—that is to say, they, without denying the action of me

dicinal agents, contend that, with organs so delicately attuned, and consequently so liable to perturbing causes of such varied nature, it is impossible to attain a criterion; in other words, we have no means of distinguishing the exact times and conditions under which such medicines can be successfully employed. Skoda, the head of the Vienna school, is the great advocate of this the Pyrrhonic or sceptical sect.

The lecturer then rapidly surveyed the history of medicine, and showed how all these schools had their origin in the past. The physiological and pathological in the labours of Vesalius, Harvey, and Bonetus; the rational empiricism in the works of Hippocrates and Sydenham; the hygienic in the works of the same authors; and so on with the rest.

Returning to the modern epoch, he put the questions—Which of these schools is *the* one for the modern student?—is there one? He then proceeded to show that all have, with their value, their meaning, also their errors; and to elucidate the fact that the student who wishes to practise his profession on the most trustworthy principle will follow out an eclectic tendency. This recommendation led to an analysis of what each school or sect had done in its way. We cannot follow the lecturer through all his laborious and yet plain matter of illustration in this respect. But one illustration will indicate the tenor of this part of the discourse. He showed, in speaking of the "expectants" in medicine, that in one particular they were correct in their practice, and that such practice was based on a secure, because on a natural, deduction. It was the tendency, he said, of some diseases to get well spontaneously. The pyrexiæ and other zymotic diseases, pneumonia, pleuritis, and pericarditis, occurring in healthy persons, are of this nature; and if diseases so important as these pursue their cycles without destroying the organism they invade, it may be fairly deduced that, as our knowledge of the natural history of disease progresses, others may fairly claim the right of addition to the list. In the treatment of these, therefore, the eclectic may learn a lesson from the expectant system. But the advocates of this system have, as a whole, generalized too vaguely, and have carried their doctrine out of the sphere of its true utility. They have, in fact, ignored the all-important truth, that some diseases tend to death, as naturally as these to resolution; thus showing that the old dogma of a "*vis medicatrix naturæ*" holds no sound position in science. Diseases of the class just alluded to included constitutional cancer, hydrophobia, and extensive rupture of the heart and great vessels. Here the expectant plan of necessity fails. In such cases, the physician must not alone be the "minister," but the "*magister*" *naturæ*.

In treating of the sceptical school, the lecturer gave its ministers but little commendation. He remarked that it was a system cold, cheerless, and hopeless; and urged that, for the successful practice of medicine, there must be annexed a belief in its value as a science. Throughout the address there breathed a fervent admiration of the masters in medicine; and a special tribute of respect was paid to those who by their exertions have removed diseases from the land by directing science to the removal of the sources of disease. Here an apt illustration was selected, in the history and annihilation of that once fatal pestilence, jail fever. This malady, a form of typhus, once infested every prison in the kingdom. From the judge in his ermine, the advocate in his robe, to the juryman in the box, all sought in vain, by power of mystic rue, to exorcise death. The pioneers of sanitary science, led on by the intrepid Howard, traced out the cause, and by showing the effects of the admission of pure air into these pest-engendering abodes, erased jail fever from the nosological calendar. The peroration ran, in substance, as follows: "While it is the duty of the student to enter the eclectic ranks, let him avoid that pseudo-eclecticism that, as it were, selects mechanically and without reserve the latest theory; let him rather follow that, the premises of which, challenged by the intellect, are made its own by right of mental conquest."

GUY'S HOSPITAL.

DR. HABERSHON'S INTRODUCTORY LECTURE.

HE spoke of the varied aspects of the medical profession, and referred to some of the reasons which induced many to join its ranks; as, for instance, the opportunity of acquiring position and honourable status in society, and of obtaining wealth or a competency in life. He then dwelt briefly upon the varied subjects of scientific inquiry within its sphere, and the interest of its allied sciences. It was compared with other professions, in its laborious work and benevolent character, having its reward in itself, and elevating man's noblest faculties, whilst it benefited others; in its higher aspect, that it was the pioneer of the Gospel of Christ. The external benefits of the profession were then shown to be always accompanied with intrinsic good to the practitioner of its science, and the mental culture and exercise which its study afforded were regarded as a superior attainment, and the source of greater satisfaction than the acquirement of truth itself. The vigorous mental exercise in attaining knowledge rather than the mere collation of facts, was represented to be the object of education. It was then shown that medicine had been influenced at every period of its history by the condition of science generally as existing at that particular time; that the Greek and Roman philosophies had modified in their time medical opinions; that great advances in mathematical science had exerted their influence. The philosophy of Bacon prepared the way for Sydenham; and the revival in other sciences had been simultaneous with the brilliant discoveries of Hunter. The development of general laws was then shown to have had a greater influence in other sciences in enabling them to lay aside the encumbrances of earlier periods; modes of thought and research were regarded as receiving the impress of national peculiarities; and that in individual investigations the characteristics of each mind were manifested. The slower method of inductive philosophy was urged, rather than mere hasty generalization; but the injury of incorrect statistics in misleading the mind and retarding the advance of science was also pointed out. The intimate connexion of other sciences—those of mechanics and statics, of chemistry and of electricity—was then referred to, and man shown to be more than a mere mechanism—an intelligent, thinking being. The importance of bearing this fact in mind in the application of science to the treatment of disease, as well as in explaining the apparent uncertainties of daily practice, was dwelt upon. In the mode of commencing the study of the profession, the great desirability of not undertaking too much at once, but of doing everything well, and the right division of labour, were strongly urged. The value of self-reliance in thought, observation, and practice, and especially of sterling morality and of true religion in promoting earnestness in study, and happiness in life and heart, was insisted upon. The stability of moral as well as of physical laws, and their certain results, were alluded to. And, in conclusion, the lecturer adverted to the influence which one mind must ever exert upon another in the mutual intercourse of daily life and study.

KING'S COLLEGE.

PROFESSOR MILLER'S INTRODUCTORY ADDRESS.

THIS school opened with an introductory address by Professor Miller in the large theatre of the College, at two P.M. As that hour approached, the arrival of students, old and new, presented the usual cheerful scene of mutual recognitions. The gathering in knots of twos and threes, the shaking of hands, and the general appearance of health and vigour, recalled to our mind the enthusiasm of past years, not extinguished, but tempered by subsequent experience. Shortly after two o'clock, the Rev. Dr. Jelf, the Principal, accompanied by Mr. Bowman, Professors Partridge, Budd, Beale, and Mr. Lee entered the theatre, followed by Professor Miller, and were received with every demonstration of esteem and respect.

After a few preliminary remarks, the lecturer proceeded to point out the relative duties of professors and students. Of the former, to guide his class, by presenting a connected general view of the particular department of study he professes to teach; to kindle enthusiasm and emulation, and to afford assistance at all times by answering, if possible, such questions as may be necessary to clear up difficulties. The student, on the other hand, should complete, by his own self-teaching, the subject taught in the lecture-room. The mind is not a *carte blanche*, merely to receive impressions and the opinions of others; but the knowledge of an individual should be made his own by continued thought, and assimilated by mature reflection. With this end in view, the attendance on lectures should be punctual and regular, so as not by occasional absence to break the thread of the argument; and note-taking of the more prominent and important facts would prove of great value to aid the memory. Daily study, not too prolonged, but regular and accompanied by habitual exercise, would preserve both body and mind in that healthy condition of tone and temper, which are indispensable for any continued effort. The learned

professor here recommended the habit of early rising, say at half-past five A.M.; but this suggestion was received apparently as a joke, and caused great laughter, although the sincerity and earnestness with which the recommendation was made are strengthened by the example of John Hunter, who, without the cool hand of the morning, could never have made the minute dissections and preparations which form his immortal museum.

Anatomy, physiology, and chemistry were very properly laid down as the foundation of all exact medical knowledge. The study of healthy function and structure prepares the way for the observation of their diseased conditions, and our knowledge of hernia was adduced in favour of the study of anatomy. Minute anatomy, as made known by the microscope, lies at the root of a correct physiology; and the observations of Bowman on the minute structure of the kidney, and those of Kiernan and Beale on that of the liver, have done much of late years to elucidate the functions of these organs. The relation of chemistry to physiology was illustrated through sanitary science, as supplying data for regulating ventilation and drainage; and in respect of therapeutics, our more perfect knowledge of morbid conditions of the urine and derangements of the digestive organs was cited; while in relation to materia medica, the resources of chemistry are very obvious. Materia medica are the tools of the practitioner; but the tendency of the present day was to undervalue the efficacy of medicines, and to trust to the curative operation of Nature. Botany supplies us with vegetable medicines, and therefore its alliance to practical medicine needed no comment. A worthy tribute of respect was paid to the memory of the late Professor Henfrey, and the survey we have epitomized of the preliminary branches of medical education was concluded by adverting to the nature and object of forensic medicine.

The special importance of clinical observation of disease, and of clinical teaching and note-taking, was duly insisted on; but here, and throughout the lecture, we noticed one grave omission: the supreme importance of pathological anatomy was not inculcated, nor even alluded to.

We make this remark with no motive of ungenerous criticism, but with a feeling of sincere regret that in one of our largest London Schools of Medicine the importance of every preliminary department of study should have been advocated, while the paramount claims of the one pursuit most contiguous to practical medicine and surgery should not have been recognised. As well might we seek to discover the origin and cause of a fire by merely witnessing the raging flames, as endeavour to acquire an exact knowledge of disease by clinical observation alone, without the correcting aid of post-mortem examinations; and in relation to operative surgery, the destructive alterations wrought by disease almost or altogether efface the scene with which the mere anatomist is familiar. The selection of hernia as illustrative of the value of anatomical study was singularly inappropriate, for in this and numberless other instances all the importance attributed to anatomy should be transferred to *pathological* anatomy. The teaching of John Bell—more than fifty years since!—contrasts with that of last Saturday at this school.

"It were better," said he, "that the surgeon had no conception of a hernia, an aneurism, or a hydrocele, than what he obtains from demonstrations of the peritoneum, the abdominal ring, the tunica vaginalis, or the humeral artery; for on the anatomist's table he sees those parts under forms which, through all his professional career, he is doomed never to recognise again, but to look for them in vain in all his own operations and those of his friends, and that, too, in the most critical exigencies, where they should serve as the mark and limit of the incisions. If the bones are demonstrated, they are displayed, clothed with their muscles, and connected by their periosteum with the surrounding parts; they are not represented as parts of a living system, nourished by vessels, and subject to changes and diseases analogous to those of the living body. These are conceptions which the surgeon attains by slow and painful experience, for his teacher aims only at making him know and remember processes, and grooves, and holes, which to know is of no importance, and to remember impossible. The practical surgeon, indeed, learns by experience the changes of which those apparently inanimate parts are susceptible; but while he is observing how tumours rise and vanish, are produced by disease or cured by remedies—while he is learning to discuss the tumours, to cure the ulcers, to destroy the dead and to support the living parts of a bone—while he is acquiring by experience all that he should have been taught, all that makes anatomy useful, he believes that he is forgetting anatomy because he is forgetting a Gothic and barbarous system of names—remembers no longer holes and hollows of no import, and is exchanging the pedantic lessons of the schools for a higher kind of knowledge."

We commend these principles to those students who are desirous of becoming, not botanists, chemists, anatomists, or physiologists *alone*, but medical and surgical practitioners.

LONDON HOSPITAL.

INTRODUCTORY ADDRESS BY MR. G. CRITCHETT.

THE lecturer commenced his discourse by observing that if there was one day of the year which deserved to be held especially sacred by the medical profession, or that combined more interesting recollections, more endearing associations, than another, it was that on which they met in their various medical schools to commence and inaugurate their winter studies. All such meetings had a peculiar significance, and the philosopher might read in the various gatherings of a nation an important page in the history of progress and of civilization. The Great Exhibition recorded improvements in skilled labour, and the large scientific gatherings promoted the advancement and directed the status of useful knowledge. All, however, were forced to admit that there were few gatherings more interesting, and few occasions more important, than the one which had that day brought them together. The medical profession was carrying on a great and noble work. Not only was disease combated and suffering allayed, but pestilence was traced to its lurking-places, and the laws of health were enforced and explained. The important body of men who were toiling to accomplish all that were diminishing in number. Each year made sad havoc in their ranks, as they were constantly exposed to contagious diseases, and often went forth in the spirit of the missionary, encountering the death of the martyr. That was, therefore, an important day when the country sent up fresh recruits to fill the ranks of the profession, and supply the demands of the army, the navy, the merchant service, and the colonies. It was by the fresh infusion of young life, vigour, and enthusiasm, that the profession was from year to year renewed and sustained, and he therefore held out the hand of welcome to those who were now about to offer on its altar for the first time the sacrifice of their energies. What a bright and useful career might that movement be opening for most of them! How gladly would some who now wandered about with blighted hopes and ruined prospects, and haunted by the spirit of their prostituted powers, recall the day when they first entered upon the profession. Although none of them might desire to lift the veil or look into futurity, yet, speaking from his own experience, he could tell them that their success and happiness in a great measure depended upon themselves, and if they could only combine some of the settled convictions and strong will of a mature age with the buoyant, elastic energy of youth, a fine result might be expected. That being the case, he should endeavour to place before them his conceptions of a model student in the various stages of his life, leaving it to each of them to adopt the portions best suited to their peculiarities, and to appropriate such hints as might be profitable or suggestive. Having received the education of a gentleman, an education in which the functions of the body, the mind, and the heart had been actively exercised and developed, in which the sinews of thought had been strengthened, habits of attention and concentration acquired, and respect for the feelings and opinions of those older and wiser than himself inculcated and practised—recognising the practical character of the profession, he commenced the study of the healing art in a school connected with some large hospital—three years would have to elapse before he would incur the responsibility of coping with disease; and as a vast field of scientific knowledge was opened over that period, which it would be necessary for him to travel, a gleam from every day of that three years ought to be made to contribute a fair share to the general stock. With that view he associated with those who were disposed to work, sought the friendly advice of the various professors, attended them both in the hospital and in the school, and cheerfully submitted to an authority which was exercised in a friendly spirit, and with a view to promote his own welfare. At first everything seemed to him strange and unintelligible, the subjects of study numerous and complicated, some of the lectures dry and unsatisfactory, many of the terms employed difficult and confused, and some of the practical and experimental departments rather repulsive; but through all he worked sternly and steadily, attended the lectures regularly, and endeavoured

to organize and arrange in the evening, to think over and read over, that which he had collected during the day. He spent the interval between lectures either in the dissecting-room or in the hospital. He familiarized his eye with the form, aspect, and structure of the body, both surgical and microscopic, his ear with professional terms or technical language, and his mind with the phenomena of diseased action. Thus he almost imperceptibly took in professional knowledge through each of his senses. He breathed a professional atmosphere, and grew and fructified in his student life. Facts that were at first hard, dry, confused, and chaotic, were passed by him through a mental, vitalizing process, from which they came out living principles. As the laws of physics and chemistry unfolded themselves to his mind, in all their exactness, and in their numerous applications to the fine arts or to manufactures, to hygiene, to the detection of poisons and of disease, and of the active principle of drugs and the laws of those physical forces with which they were surrounded; it seemed, in fact, as though he could linger at the very threshold of his profession, to collect the scientific wealth scattered before him; but other sciences claimed a hearing, each interdependent, mutually illustrative, and combining to build up and illuminate the science of medicine. Botany, materia medica, anatomy, the study of the laws of life and organization, healthy and morbid physiology, in their turn, claimed his attention. With this preliminary knowledge he commenced the study of medicine, surgery, and midwifery, under able professors, who illustrated in the wards of the hospital the principles and the practice they inculcated in the theatre or lecture-room. It was there he saw the advantage of having joined himself to a large hospital, as it afforded him ample opportunity of verifying at the bed-side the instruction he received, and no hospital in England was in that respect superior to the London Hospital. Having now a keen relish for his profession he acquired dexterity in manipulation, quickness of perception, calmness and precision of judgment—the hand, the eye, the ear, the mind, were all by degrees carefully taught and disciplined to perform their due share in detecting disease, learning its physiognomy and its various physical signs, and in working out the practical details of treatment. Passing from surgery to medicine, he stepped the bridge which divided the seen from the unseen, and learned how delicate was the offshading of the one into the other, and how uniform and fixed were the laws that governed both. Here diagnosis was the first study; the ear had to be educated to distinguish between healthy and morbid sounds, secretions had to be analyzed, chemistry and the microscope brought into requisition; the physiognomy, the pulse, the tongue, the skin, the temperature of the body, each and all contributed their quota in spelling out disease; and, where opportunity permitted, morbid anatomy and histology threw the last crowning light upon the case, and gave to it a scientific completeness. Passing from the general hospital he went to finish his education in search of all the knowledge which was to be obtained in those of a special character, as the hospital for diseases of the eye, where, owing to the introduction of the ophthalmoscope and recent surgical triumphs and discoveries, diseases which a few short years ago resulted in blindness were now brought under the influence of the curative art. Having thus completed this portion of his professional education that preceded his formal examination before being allowed to enter upon practice, he felt a strong and well-grounded confidence that he could pass that ordeal satisfactorily, without requiring any cramming process to compensate for the loss of legitimate and steady study. All this was not to be accomplished without a great deal of resolute will and self-denial, an abnegation of those pleasures which were at once the most seductive and the most vitiating. He did not wish to see the student debarring himself from rational enjoyment at suitable times. Ample sources of enjoyment were to be derived from the healthy exercise of the faculties, bodily and mental. Having thus sketched the career of a model student, Mr. Critchett followed him into professional life, of which he drew a very able sketch; and concluded with some practical reflections, which were thoroughly appreciated by the students to whom they were addressed.

ST. MARY'S HOSPITAL.

ADDRESS BY MR. URE.

IN commencing his lecture, Mr. Ure said that five years had now elapsed since the Medical School of St. Mary's Hospital was opened, and, under the Divine blessing, the enterprise had met with very great success. He recommended the pupils not to rely upon what is called genius, but on individual exertion. He cited, as examples of untiring industry, the illustrious Hunter, "whose dust," to borrow the language of the poet, "now sleeps with kings, and dignifies the scene;" and Sir Astley Cooper—a man whose name was "familiar in our mouths as household words," who rose through the profession to fortune and to fame, and who, at the period of his life when his days were unceasingly occupied by the demands of his public and private practice, when in attendance on his Sovereign, on the first minister of the Crown, and on titled dignitaries of the land, would repeatedly spend the greater part of his nights in anatomical research.

Mr. Ure observed, that the power of scientific benevolence was far greater than that of all others to the welfare of society, and referred to the incalculable benefit which had accrued from the discovery of Jenner—a man of whom it had been justly said, in the emphatic language of Scripture, that "he stood between the living and the dead, and the plague was stayed." He alluded likewise to the immense good which had already resulted from the employment of anæsthesia. He considered these as brilliant illustrations of that beneficence which flows from and dignifies our art.

He said the profession was one of lofty aspirations, godlike in its object, its end and aim being to remedy disease and prolong human life. Cicero remarked, "Homines ad deos nullâ re proprius accedunt quam salutem hominibus dando;" a noble sentiment, worthy of the great Roman orator. The sphere of action was unbounded. There was no part of the habitable globe in which man was exempt from the mystery of suffering; there was no age, or rank, or condition of life which granted immunity from being stricken by disease or smitten by injury. "Learn, then, your profession well," he continued, "and understand both its practice and its duties. Your future success will depend entirely on your zeal and industry. Be kind to everyone, and active to oblige. Let it be your ambition to attain pre-eminence in virtue and usefulness. Study to gain the respect of the respected. Associate with those to whom you can look up; whose merits entitle them to esteem.....Some of you have, no doubt, left behind you companions of your youthful years, to whom fortune has been sparing in her gifts, and who are compelled to pass their lives in humble obscurity. Is there, then, no cause for thankfulness on your part? Again, you have friends who anxiously regard your course, and relatives who may have sent you here at some personal sacrifice. Surely you will not blast their hopes, and mar your future prospects by the mildew of idleness and dissipation." He enjoined them, on becoming members of a liberal profession, never to forget that they were gentlemen, and to maintain a high-toned integrity. If all who joined its ranks were simply determined to act conscientiously for the good of their fellow-beings, codes of medical ethics would become a dead letter. Again, if they were influenced solely by love and respect for truth, rejoicing in truth as a kindred and congenial element, they would never be found arrayed against each other in our courts of law, "pattering in a double sense," or giving utterance to opinions inconsistent with fact, and calculated only to thwart the administration of justice. Such exhibitions tend to lower the profession in public estimation, and subserve, not the triumph, but the humiliation of science.

Mr. Ure observed that, in order to become skilful and accomplished practitioners, they must acquire an intimate knowledge of anatomy. To the physician such knowledge is invaluable in the discrimination of maladies of the nervous centres and of the organs of circulation, in the instance of tumours situate within the abdomen, and in numerous other cases. To the surgeon it is a matter of paramount necessity. It is the key-stone of the art.

In bygone times the study of practical anatomy was beset with great difficulties. A few whom fortune favoured found their way to continental schools. The immortal Harvey devoted no less than five years of his life to anatomical pursuits at Padua, and there gained that knowledge which enabled him to develop the grand truth of the circulation of the blood, and thus establish the first principles of physiology and of modern medical science. Even in our own days men did not hesitate to violate the sanctity of the grave, and to peril their lives, in order to procure the means of dissecting the human body. Mr. Ure inculcated the propriety of maintaining a due sense of respect for the dead when engaged in anatomical inquiry. He adverted to the advantage which may be derived from the study of the anatomy of outline in facilitating diagnosis; and insisted upon the vast importance of hospital practice, and of the opportunities thus afforded for minutely observing and ac-

curately discriminating disease. He strongly recommended the practice of taking notes of cases, as a means of enabling the student to acquire a more correct and precise knowledge of the phenomena of disease and injury, and as furnishing a record of his experience to which he might profitably refer in after-life. The lecturer concluded as follows:—

"If you pursue your profession in right earnest, possessing a sound practical knowledge of its principles, and determined to uphold its dignity, you may acquire both reputation and emolument, you may become the associates of the wise and the good, of the great and the wealthy. Your advice will be sought respecting matters of weight and moment, on which the happiness of families, nay even of nations, may depend. You will be consulted touching questions of sanitary science, when the health of the community may be at stake; and you will be called upon to institute researches, often of extreme intricacy, in connexion with forensic medicine, in which the well-being of society may be deeply involved."

Mr. Ure was warmly applauded in several parts of his lecture.

A *conversazione* followed the delivery of the address, which was numerously attended.

MIDDLESEX HOSPITAL.

MR. MITCHELL HENRY'S INTRODUCTORY LECTURE.

THE preliminary observations were designed to show that the meetings which annually occur at this time in all the medical schools are not to be regarded as so many isolated gatherings, as they, in fact, constitute the commencement of the great work of medical teaching throughout Great Britain, and thus concern the whole community, whose welfare and happiness are largely concerned in the zeal and faithfulness with which both teachers and pupils discharge their respective duties.

Let us inquire, then, (said Mr. Henry,) what qualities have attended the most successful men in all professions, and let us see if there be not some one or more amongst them common to all. What was it which rendered Xavier and Schwartz, each in his respective church, the most glorious of missionaries; Luther the most formidable of reformers; Bunyan and Wesley amongst the most influential of religious teachers? What was it that inspired the courage and foreshadowed the successes of an Alexander, a Hannibal, a Cæsar, and a Napoleon? What was it that made Cromwell at once the most successful of generals and the wisest of statesmen? What was it that embalmed the memories of Socrates, and Newton, and Milton, and Johnson, and Herschel? What was it that gave the ermine to Eldon, and Thurlow, and Ellenborough? What was it that enabled Arkwright, and Watt, and Stephenson to revolutionize the physical world? What was it that, in their own profession, had rendered the names of Sydenham, and Harvey, and Hunter, and Jenner, familiar as household words? It was —take it as the most solemn truth the history of these men proclaimed—it was that they possessed earnestness of purpose. To them life was no plaything—time was no bauble: and so must it be with the students before him; so must it be with the students of divinity and law; so with the soldier and the merchant; so in every calling in life. Let them come furnished with earnestness of purpose, and they would overcome defects of early education—they would certainly compensate for the lack of genius—they would give pledges of success, which were the harbingers of greatness. But to accomplish this, they must rise to the consciousness of the necessity of stern self-discipline:—

> "Man, who would be man,
> Must rule the empire of himself—
> In it must reign supreme,
> Erecting his throne on vanquished will."

Together with earnestness they must bring a real love of truth—a quality scarcer, perhaps, than even the former. The love of truth, for its own sake, was amongst the rarest of human endowments, yet without it no man could be truly great. The habit of looking at things directly in the face was of all others the most essential to the practitioner of medicine. Disease made no allowances. They could get no secrets from Nature unless they interrogated her as honest as well as humble suitors. Let them take, then, Dr. Johnson's advice, and, before they entered upon their studies, clear their minds of cant. Cant in religion, cant in political and social life, cant in science, constitutes in each and every instance a coquetting with hypocrisy, unworthy of an intellectual being, and certain to emasculate the mind of him that indulges in it. "Don't make the mistake," said the lecturer, "pointed out by Archbishop Whately as common with weak and prejudiced persons—that you are lovers of truth because you like to have truth on your side. Most men do this; few are insensible to the advantages of truth. As hypocrisy is said to be the homage which vice pays to virtue, so is truth too powerful an ally to be lightly discarded. Comparatively few, however, care to be on the side of truth unless it happens to be on their side also."

Mr. Henry next warned the students never to echo the sentiment of those who pretend that this is a little age, an age of little men; nor join with those who libel their Creator by pretending that man, God's best and noblest work, has degenerated as knowledge, God's best gift to man, has increased, and the great truths both of His moral and material world have become more and more widely diffused. "This is the age of science and of social progress. The complaint sometimes heard that the great discoveries have all been made is utterly futile and absurd. Medicine especially makes rapid strides to wipe away its old reproach, and to become more and more an exact science. Armed with the stethoscope, the wise physician can tell what is the condition of the great vital organs within the chest as exactly as though he saw them mapped out before him. Furnished with the ophthalmoscope, the surgeon can say what is the condition of the interior of the eye, and, left no longer to the uncertain guidance of experience and general knowledge, can determine what hope remains for the amaurotic, and if he cannot always cure, can at least save his patient from unnecessary and often painful suffering. Guided by a few chemical tests, the accomplished practitioner can determine what is the cause of the fearful thirst of diabetes, or of the lethargy of retained urea, and by simple and obvious experiments can do much to save the sufferer from the dreadful agonies attendant on the formation of stone, or on the paroxysms of gout. Of the wonders of the microscope, what layman is there who has not heard? Of the inestimable benefits offered to mankind in the discovery of anæsthetics, a very few days' experience in an hospital will convince even the most sceptical. But, as I believe, our greatest triumphs are yet to come, and these precisely in that department of our art which has hitherto been least satisfactory—that is, in therapeutics. The discovery of the alkaloids and of kindred medicines bids fair to cast upon this, the most uncertain branch of medicine, a light, by the brilliancy of which we shall be enabled to track disease to its utmost limits, there to combat, and, if it please God, to overthrow and slay it."

On the subject of hospital practice it was necessary that he should speak plainly and without reserve, and he did not hesitate to declare that the ignorance of practical matters of some whom he had known to have commenced practice was to his mind perfectly appalling. Of these men it might with truth be said that they "walked the hospitals," for they made of those wards which all who entered them would regard as consecrated by suffering merely pleasant lounging-places in which to wile away the time in idle gossip, diversified occasionally by those moving incidents which so often occur in practice. It was the constant habit of such persons to attribute their own deficiencies to the shortcomings of the governing bodies which regulated the details of medical education. At the present moment excuses like these would be utterly idle, and he very much doubted whether they ever proceeded from those who, like his present audience, were determined to learn their profession in spite of difficulties. The lecturer, who delivered his address in a pleasant and attractive manner, and who spoke without notes of any kind, concluded as follows:—

"A nobler profession there is not in the world, for in it your lives may be passed in the exercise of that true religion which consists in visiting the fatherless and the widow, and in keeping yourselves unspotted from the world. When that great and good man, Dr. Prout, was told that he had but a few hours to live, he called for pen and paper, and occupied literally some of the last remaining moments of his life in dictating directions for the guidance of complicated cases of disease which happened to be under his care. He did so because throughout a long life he had endeavoured so to live as never to be unprepared to die, and because he was actuated by a sense of duty, such as has so often proved the support of our countrymen in every variety of danger and distress. May duty, then, which actuated him, be our guiding star throughout our career! may this session now commenced prove to all a session of honest work, and, as such, an epitome of our lives! and so, persevering in duty even when Time has shaken us by the hand, and we know that Death is not far behind, it may haply come to pass that at length, when our day too has come, and the great dread secret has been revealed—it may then be said of each of us, by those

who yet survive, as was said of one of old, 'He was skilful enough to have lived still, if knowledge could be set up against mortality.'"

Mr. Henry was frequently cheered during the delivery of his address.

ST. THOMAS'S HOSPITAL.

INTRODUCTORY LECTURE BY DR. R. DUNDAS THOMSON.

DR. R. DUNDAS THOMSON gave the address at this School of Medicine, at which the Lord Mayor presided. He referred to the antiquity of the School, and brought to their recollection the fact that Cheselden, the celebrated surgeon, lectured at St. Thomas's upwards of 140 years ago. He considered that the governors and staff of these early times were entitled to public gratitude for connecting such extensive fields for observation as the wards of the hospital presented for so long a period with public instruction. It was this feature in the Royal Hospitals of St. Thomas and St. Bartholomew which had been so properly imitated by succeeding private hospitals, and had prevented them from being superseded in their usefulness by the sick-rooms of the parish workhouse. In 1768, Mr. Joseph Else was elected surgeon expressly to read lectures to the pupils. To him and to Mr. Cline, sen., was due the foundation of the systematic anatomical school and the development of the educational resources of the institution. The advantage of a large field for observation was of great value in the study of medicine, which had one of the noblest ends in view. By the study of the laws of the inorganic and organic world, it professes to assist in prolonging man's existence on earth, and therefore in contributing essentially to human happiness. The evidence of the progress of a nation was not to be sought in riches or conquest, but in longevity, or an increase in the average duration of human life. The greater value of life in England compared with other countries strongly supported this definition of national prosperity, for while in England the death rate was 22 per 1000, in France and Sweden it was 24, in Prussia 26½, in Austria 30, and in Russia 36. The mean future duration of life, however, afforded the proper estimate of its relative value, and when applied to localities it enabled the practitioner to discover the ultimate cause of disease, the proximate cause residing probably in the human organs, which were to be carefully scrutinized in approaching the treatment of disease.

Allusion was made to the laws regulating small-pox and cholera, which strongly illustrated the affirmation, that not only health, but disease, is presided over by definite laws. On the fourth day of small-pox, of 1000 constantly seen, it has been found that 27 die; while exactly the same number is deduced by formula by a consideration of the facts. On the fifth day, 8·6 die by fact, and the same amount exactly by formula. So that prognostic tables we may expect may be constructed for different contagious diseases. To be prepared to discover such results requires careful study by the profession. The lecturer alluded to some subjects in this direction which had engaged attention at the hospital. One of these was relative to the condition of infected atmospheres, and in those of cholera he had found evident proofs of animal life and of organized molecules, which served as the food of these beings. He likewise alluded to the observations of his colleague, Mr. Rainey, who had successfully prepared artificially a counterpart of the cells existing in shells, and had likewise succeeded, by means of a solution of gum, in precipitating starch in a granular form, analogous to what occurs in nature, from its complete solution in water.

The address concluded by recommending the pupils to throw all their energies into the prosecution of their studies.

UNIVERSITY COLLEGE.

INSTEAD of an introductory lecture, a *conversazione* was held on the evening of Monday last. The new Anatomical Museum, extending throughout the whole eastern range of the building, and which had been completed during the past summer, was thrown open, and, together with the Central Library, received a large assemblage. This included most of the professors of the College, together with a great many of the old students of twenty-five and thirty years gone by. Very gratifying it was to many or all of them to meet again, as they do on these annual occasions, with the respected teachers of their day, some of whom, as Dr. Grant, Dr. Sharpey, Mr. Quain, &c., still hold their chairs in this institution; with some professors who, like Mr. Ellis and Mr. Erichsen, had been their fellow-students, and now worthily fill posts acquired by their merits; and with their old fellow-students who have since been engaged in the bustling career of practice, and who had been intimate friends while studying together within those walls, but many of whom, perchance, seldom meet except at such gatherings.

Although introductory lectures have their due utility, and even a certain solemnity, the mode of inaugurating a medical session by a friendly reunion like this has its advantages. Old times and associations are remembered afresh; old friendships are renewed or kept alive; and the departure from the scene of meeting is characterized by a feeling of satisfaction at having been present, mingled sometimes with a sad and vivid impression that the hand of Time has made its effects perceptible in the features and appearance of many amongst the party.

On the occasion in question, besides the provision of some intellectual amusements, creature comforts, such as tea, coffee, &c., were not neglected; and a row of seats having been placed around the tables, they were occupied by relays of visitors intent upon enjoying themselves in a *physical* fashion. We think these seats were in the way of other visitors who wished to procure hastily a draught from the cup "that cheers but not inebriates," but who were obliged by the convivial and sedentary throng to exercise their patience until it could be dispensed to them, and so enable them without further delay to rejoin their medical friends. This was, however, a mere temporary trouble: the greatest harmony and enjoyment appeared to reign throughout the whole meeting.

WESTMINSTER HOSPITAL.

ADDRESS BY DR. RUSSELL REYNOLDS.

THE lecturer commenced by observing that, to be successful, the medical student must constantly keep his aim in sight. It was, "to so learn the facts and laws of life, in both health and disease, as to utilize that knowledge in every way and to the highest degree for his fellow-men." The subject-matter of his study, then, was Life; and this was of twofold nature: mind and heart on the one side, limbs and organs on the other. Disease was to be measured by its relation to both elements of man's life; its evil was in proportion to its interference with the higher. Life could not be satisfactorily defined; it could not be known in its essence; but we might learn its facts and laws.

Facts were of two kinds: those of nature, and those of science. The object of study was to render them as nearly as possible correspondent, or identical. For the observation of facts of life, not only common sense and honesty, but much anterior study and information, were required; and with these there were sources of fallacy. The simple sciences (mechanics, chemistry, &c.) were the letters with which to spell the words of the science of physiology. If the letters were wrong, the word would not be right. If the simpler sciences advanced, changes occurred in the mode of studying the facts of life. Besides, however, these difficulties inherent in scientific study, there were others which require much caution to avoid. Facts were not to be confounded with (1) fictions, or pure creations of the mind; mere fancies, having no counterpart in nature: with (2) hypotheses, either legitimate—such as are not opposed by facts, and are susceptible of future verification; or illegitimate—those which do not possess these characters: with (3) opinions, either right or wrong: or with (4) half-facts—either the evidence on one side of a question, or half of the evidence on both sides.

Laws of life were arrived at by a knowledge of the facts, and by a supposition or knowledge of the mind. The two classes of laws—moral and social on the one side, and natural or physical on the other—differed in the possibility of disobedience to the one, and its impossibility to the other. The ideas of will and coercion were present in each. Law contained, *per se*, the suggestion of a plan. The laws of life referred it to a higher source. Law was not to be confounded with (1) mere generalization of sequence; with (2) accidental coincidence; with (3) speculation; or with (4) numerical statements of its results. The statistical law would not bear division; it was true for the multitude, but the proportion became a chance for the unit.

The object of the student of medicine was, so to learn the facts and laws of life as to utilize his knowledge for his fellow-

men. He must, therefore, frequently reconsider his aim, and keep it constantly in sight. He had to learn by sympathy as well as science; he had also to teach by life, practice, and example. He was the exponent of the method of arriving at truth,—namely, the due use of both institutional teaching and individual exertion, and the constant appeal to nature with regard to each. He was, moreover, to show that minor differences in scientific creeds did not prevent him from joining with others to employ common truths for the advantage of his race.

After the lecture, the audience adjourned to the Board-room, where, in the absence of the Dean of Westminster, Dr. Basham, after a few prefatory remarks, delivered the Medals and the Certificates of Honour to the successful candidates:—Mr. Thomas R. Adams, Medal in Anatomy, Forensic Medicine, and Midwifery; Certificate of Honour in Medicine and Surgery. Mr. John W. Middleton, Medal in Physiology. Mr. Arthur Edis, Medal for general proficiency in Anatomy, Physiology, Materia Medica, and Chemistry. Mr. F. Little, Certificate of Honour for general proficiency. Mr. Wm. Slayter, Certificate in Physiology.

The *conversazione* was attended by many old pupils and several governors, who take a warm interest in the medical school and hospital. Many objects of scientific interest were on the tables.

ON A

CASE OF DIGESTIVE SOLUTION OF THE ŒSOPHAGUS;

WITH OBSERVATIONS.

BY EDWIN CANTON, ESQ., F.R.C.S.,

SURGEON TO THE CHARING-CROSS HOSPITAL, AND LECTURER ON SURGICAL ANATOMY.

ABOUT the middle of August, I assisted Mr. Watkins, Surgeon, of Chandos-street, Covent-garden, in the post-mortem examination of a female child, aged six months, who had died comatose. The insensibility commenced two hours after the ingestion of a large supply of breast-milk and soaked bread, and continued until death, which occurred in ten hours afterwards. No satisfactory account could be obtained from the parents of any particular ailment under which the child had previously laboured.

The autopsy was made twenty-six hours after death. The body, which was that of a plump, well-nourished infant, had been kept in the supine position, and in a warm room. The posterior part of the trunk and limbs was deeply discoloured by post-mortem gravitation of blood.

The only morbid appearance in the *head* was a large quantity of clear serum at the base of the brain in the arachnoid cavity.

A very thin pellicle of lymph lined the trachea in its whole length, and extended for a short distance into the bronchi. The larynx was in all respects healthy.

Within the *thorax* were found two or three indurated glands near the trachea, and one particularly, on its right side, was enlarged to the size of a filbert, and placed just behind the point of junction of the innominate veins with the superior cava; these vessels were overlaid by the right lobe of the thymus body. This enlarged lymphatic gland contained crude tubercle and three small abscesses. The pericardium was distended by clear serum. Heart healthy. The lungs contained scattered miliary tubercles, and their thick margins were deeply congested from gravitated blood.

On raising the left lung carefully from its pleural cavity, the latter was seen to contain nearly two drachms of a sanguinolent fluid, in which were several very small particles of food. No adhesions existed. The fluid being removed, an oval opening was found in the left side of the œsophagus, about three quarters of an inch in length, in the axis of the tube, and commencing nearly a quarter of an inch from the diaphragm. The edges of this opening were thin, flocculent, free, and, as it were, irregularly fringed. Another aperture, about a third of the length of the one described, existed in the axis of the canal, but placed a little more towards its posterior part, so that a small strip only of undissolved texture remained to separate the two. The margins of the lesser opening presented the same characters as those of the larger one. On laying open the œsophagus, in the situation of these apertures, the mucous membrane was seen to be filmy, almost diffluent in some parts, and of a rosate hue. The nerves, externally, were remarkably distinct, and quite perfect. The œsophagus, in the remainder of its extent, was healthy.

The obtuse edge of the lung, where it had overlaid the larger opening in the tube, was but slightly acted on by the gastric juice; sufficiently so, nevertheless, to account for a ready transudation of blood from it to colour this fluid in the chest.

The stomach was distended by soaked bread, and the coats of the viscus were in every part intact and healthy. The cardiac orifice was contracted, and the diaphragm perfect. The intestines were somewhat inflated.

Observations.—This case presents us with an example of a condition of the œsophagus formerly considered to be caused by *forcible rupture*, but which, since the time of Hunter, is well known to be brought about, after death, by the regurgitant gastric juice, producing a *digestive solution of its coats*. Boerhaave's case is commonly adduced by those who hold the former opinion, and Portal,* after relating it, remarks: "On a depuis reconnu, par l'ouverture du corps, d'autres exemples de mort par une pareille cause." Monro† observes: "I have a preparation before me, in which the gullet of a child has been ruptured to a considerable extent in a longitudinal direction;" and he refers to a similar case in the twelfth volume of the "Edinburgh Medical Commentaries." The only instance with which I am acquainted in any more recent work, and related as one of *ruptured* œsophagus, is that by Dr. Habershon."‡ It is, however, open, I think, to the doubt of being of this character, and the author, in detailing the post-mortem appearances, observes: "The stomach and intestines were exceedingly distended with flatus, and the stomach partially dissolved by gastric juice. The rent in the œsophagus appears in the preparation (Guy's Museum, No. 1799[*]) to extend into the stomach, but was, perhaps, increased after death. It is probable that the œsophagus was much dilated with food, and that its coats suffered either by previous disease, or by digestion from gastric juice regurgitated from the stomach, and there remaining sufficiently long to corrode its walls."

The following rare case is reported by Dr. Jos. Meyer,§ and is so replete with interest that I venture to quote it *in extenso*. It occurred in Professor Schönlein's clinical wards.

A shoemaker, aged thirty-eight, habitually intemperate, robust, suffered from occasional dysphagia in swallowing solids, brought on in childhood by the application of caustic alkali. The attacks gradually increased in frequency, and the last one occurred in February, 1858, when the patient was swallowing a piece of sausage. Violent attempts at vomiting failed to throw it up; a considerable quantity of blood was ejected; great anxiety and dyspnœa and pain in the epigastrium followed. An hour after the occurrence, the right side of the face became tumefied. A surgeon administered several emetics and introduced a probang without effect. The symptoms became more urgent, and on the following day he was admitted into the Charité. He was first seen sitting bent forwards, with a pale, rather cyanotic complexion, cutaneous emphysema of the face, neck, and anterior half of the thorax. The auscultation of the heart and lungs was everywhere normal, except impaired vocal resonance at the posterior base; the pulse 142, small; respirations 40. There was severe pain extending from the xiphoid cartilage to the vertebræ, which was increased by the erect posture. A rupture of the œsophagus, with moderate pleuritic exudation at the right base, was diagnosed. In the course of the night all the symptoms increased; the emphysema spread over both arms; liquids could be swallowed only in small quantities, on account of the dyspnœa. Death ensued fifty hours after the commencement of the illness.

The autopsy showed the œsophagus to be healthy, except a patulous, ulcerated surface, one and a quarter by three-eighths of an inch in dimension, on the anterior walls of the œsophagus, three inches above the cardiac orifice of the stomach. The ulcer had perforated all the coats; the edges were sharply defined, and the surrounding parts healthy. Just above the cardiac orifice there was some narrowing, the muscular tissue

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* Cours d'Anatomie Médicale, vol. iii., p. 538. Paris, 1803. Boerhaave's case is quoted also in Mayo's Pathology (p. 281), under the heading of "Rupture of the Œsophagus."

† The Morbid Anatomy of the Human Gullet, Stomach, and Intestines, p. 311. Edinburgh, 1811.

‡ Pathological and Practical Observations on the Diseases of the Alimentary Canal, p. 50. London, 1857.

§ Preuss. Ver. Zeitung, N. F. 1., 39-41, 1858; and Schmidt's Jahrbücher. Jahrg. 1859. Quoted in the Brit. and For. Med.-Chir. Review, No. xlvii., July, 1859, p. 257.

being hypertrophied, but without any cicatritial tissue. In front of the perforation there was a large accumulation of foul pus, with necrosed tissue, and the remains of food. To the right there was a less extensive purulent infiltration, mixed with gas, and from here there proceeded an extensive emphysematous distension of the mediastinum. The pleural cavities contained much discoloured, fœtid exudation; the pleuræ were invested with thick, fibrino-purulent masses; there was no adhesion to the healthy lungs, nor any lacerations of the latter. There could be no doubt that the perforation was quite recent, both from the appearance of the ulcer and the absence of thickened walls of an abscess.

In most of the recorded instances of digestive solution of the œsophagus, the opening has been found near the diaphragm.* This is what might have been anticipated; and, from the anatomical disposition of the tube, in this situation, it might be expected also that into the left pleural cavity the gastric fluid would sooner make its way. It may happen, however, that into both sides of the chest extravasation takes place, as in an instance related by Mr. Wilkinson King.† Here the œsophagus was found dissolved in two places, just above the stomach; its whole circumference was destroyed, leaving an intermediate portion of tube, just one inch in length, the ends of which, like the upper and lower divided ends of the œsophagus, were soft and flocculent. "As to the circle of œsophagus which was left, in this case, it seems attributable to the simple weight of the heart, which might have kept this portion of tube comparatively empty of the solvent."—p. 143.

The extent to which the pulmonary pleura and parenchyma may suffer solution will depend greatly on the amount of fluid poured into the chest, the length of time intervening between death and the autopsy, and the temperature at which the body has been kept. It is, of course, the obtuse edge of the lung which is liable to be chiefly affected, and that it may be so to a very great degree is shown in a case of Dr. Hewitt,‡ where "at the back part of the upper lobe and the adjacent surface of the lower lobe of the left lung there is a space of three inches in vertical diameter, by three-quarters of an inch transversely, of a dirty-brown colour, giving at first sight almost the appearance of gangrene of the lung. The surface is sharply defined, slightly depressed; when scraped, minute air-bubbles are removed, and, when squeezed, blood exudes from the free surface." In the first case related by Mr. King, the whole of the edge of the lung was destitute of pleura, which had been dissolved to the extent of about twelve square inches, the alteration being circumscribed by an abrupt margin of flocculent pleura. The surface of the lung thus denuded did not appear otherwise altered; it was of an uniform aspect, rather dark, and, under pressure, exuded little bubbles of air at all points.§

It is stated by Dr. Budd,‖ that "when the œsophagus is thus dissolved or corroded by the gastric juice, the great end of the stomach is dissolved or corroded also." This statement, however, must be received with some reservation; as a very general rule, it is doubtless correct. My own case offers an exception, and I believe it not unlikely that the stomach, here, being much charged with contents, the gastric juice, in operating more on them, acted proportionately less on the walls of the organ containing them. I did not discover a softened condition, even, of the mucous membrane, which at the same time was of a paler hue at the great end of the stomach than it is ordinarily seen to be under the reception of food. Nevertheless, in the absence of any such amount of contents as I have referred to, the stomach may remain intact, although the œsophagus is at the same time greatly affected, as in the case of Mr. King, where the stomach was entire, and lined with a considerable layer of mucus. This author says that "sometimes when the œsophagus is much affected, the stomach is less so, and *vice versâ*. The reason of this is, that when by the contraction of the abdomen or stomach the gastric fluid is most driven upwards, less, of course, remains to act on the lining of the stomach, which, being diminished in extent and thickness, is less readily acted on." In Dr. Hewitt's case, the stomach contained only a small quantity of mucus; a slight stream of water removed the mucous membrane in considerable quantity. In a case of fever treated in St. Bartholomew's Hospital,* where, after death, an opening was found in the œsophagus of about the size of a shilling, the stomach was discovered to have all its coats much attenuated over the cardiac end, and this membrane could be stripped off in layers. The viscus itself contained a small quantity of darkish fluid adhering to the mucous membrane.

A point of some interest in the case I have brought forward is, that whereas the stomach was replete with *quasi*-solid contents, not more had regurgitated into the œsophagus than gastric juice, in which were "several, and very fine, whitish particles of food." The cardia was contracted, and I presume that the gradually increasing post-mortem rigidity of the abdominal muscles, aided by the general though slight insufflation of the intestines, and the resistance offered above by the distended pericardium, must have, together, squeezed the gastric juice—being the thinner portion of the contents of the stomach—through an opening which, in its still contracted state, disallowed the passage of the more solid matters. Dr. Carswell† observes: "It is when the gastric juice is in great abundance, or the stomach distended with gas, that the cardiac orifice becomes dilated, and this fluid passes into the œsophagus and dissolves it."

I have mentioned, in the account given of my case, that the portion of *plexus gulæ* in the close neighbourhood of the œsophageal perforations was very distinct and perfect. This point has generally been left unnoticed in the autopsies related by various authors; there are, however, some who particularly refer to it,—*e.g.*, Dr. Marshall Hall‡ found a perforation in the œsophagus of a little girl whose body he examined on the fifth day after death, and he notices that "the nerves were left entire, and, as it were, beautifully dissected." In the remarks made by Dr. Hall on this case, it is observed: "We might, possibly, employ the gastric juice in the minute dissections of the nerves, since this texture appears to resist the action of this agent, whilst that of the other parts is destroyed by it." The fact itself is mentioned by Cruveilhier in his "Médecine Pratique," *cahier* i., p. 143. In the first case reported by Mr. King it is stated that the nerves were much acted on, but they had resisted more than the other tissues. These œsophageal perforations have been known to occur at all periods of life. In the instance I have related the age was six months, and Mr. King has seen a case at sixty-seven years. The causes of death have also been of a varied character.

In conclusion, I may remark that I have extended these observations to a greater length than I should have done, but for the consideration that the subject of them is one which I believe has not been brought, of late years, so prominently forward as it deserves to be, not only from the interest which attaches to it *per se*, but also from the important *medico-legal bearings* with which it might, suddenly, be found to become invested.

Montague-place, Russell-square, Sept. 1859.

* "It is important to remember, that while the body is supine the gastric contents may pass into the œsophagus; for if these contents proceed into the pharynx, and then down the trachea into the bronchi, which often occurs, you might be somewhat puzzled to find such unusual matters in the lungs."—S. Wilks, M.D.: Lectures on Pathological Anatomy, p. 265. London, 1859.

† Guy's Hospital Reports, vol. vii., p. 141. 1842.

‡ Trans. of the Path. Soc. of Lond., vol. vii., p. 67. March 4th, 1856.

§ The age of Dr. Hewitt's patient was fourteen months, and of Mr. King's, nineteen years.

‖ On the Organic Diseases and Functional Disorders of the Stomach, p. 13. London, 1855.

IS CHLORATE OF POTASH SO INNOCENT A REMEDY THAT IT MAY BE INDISCRIMINATELY ADMINISTERED?

BY HENRY OSBORN, ESQ., M.R.C.P. LOND.,

PHYSICIAN TO THE SOUTHAMPTON DISPENSARY.

FROM my own observations I am led to conclude that no preparation of the Pharmacopœia requires greater care and judgment in prescribing than the chlorate of potash. A few years since this salt was known chiefly to the experimental chemist, whilst the physician and surgeon had little or no knowledge of its properties as a remedial agent. But the present era appears to be a period fruitful in the application of discoveries§ of past years, and the chlorate of potash, like chloroform, has been called into use to further the progress of medicine and surgery. It is quite impossible that the practice of medicine can rank as a science when the action of our remedies is unknown to us. For instance, the agriculturist may

* THE LANCET, 1832-33, vol. i., p. 478.

† Pathol. Anat., art. "Softening."

‡ Edin. Med. and Surg. Journal, vol. xxxii., p. 28, 1829.

§ Electricity applied is another instance.

know that a good crop of grain can be produced by adding manure to his land; but unless he is able to explain, upon scientific principles, the action of the manure upon the seed in reproduction, &c., he has not advanced beyond the quack who has no knowledge of anatomy, physiology, and chemistry, to guide him in the "healing art;" hence the fearful responsibility which such an one takes upon himself. The same responsibility must necessarily fall upon the qualified practitioner, if, through an error in judgment, he administers to a patient that which accelerates a disease to a fatal termination.

When we imagine that chlorate of potash is so harmless that no ill effects can result from its administration, we may fall into error. I have known many instances where so much congestion of the brain has been caused by the ordinary doses of the salt, that it was necessary to suspend its use. I have also known convulsions in children to follow the exhibition of chlorate of potash, though it might be difficult to prove that they were produced by it. Nevertheless, to satisfy myself more particularly upon this point, I resolved to try its action on my own constitution in a state of health. I first took a single dose of five grains, dissolved in water, and found a sense of congestion of the head, accompanied by pain of the forehead. A few weeks after, I took a dose of ten grains of the chlorate, and the same symptoms were produced, which continued for about two days. I then waited for a period of some months, and took a dose of fifteen grains in a glass of water. It first produced slight acceleration of spirits, followed by congestion of the brain to such an extent that one-half of the head, face, and nose felt paralysed. These symptoms continued for two days, and then gradually subsided. There was also a loss of taste, being scarcely able to distinguish different kinds of meat. The muscles of the palate felt contracted, and the mucous membrane of the mouth and throat appeared tanned, as if this had been effected by tannic acid. I have frequently used (while attending* scarlatina patients) a solution of chlorate of potash, as a wash for the mouth in the morning, while cleansing my teeth; but if continued for two or three days in succession, similar symptoms to those which I have described, though in a less degree, were produced.

The action of chlorate of potash on the healthy constitution must necessarily differ from that under disease; but what are the symptoms of disease which contra-indicate its use? In all cases of disease accompanied by inflammatory fever, and in all cases where there is a tendency to acute hydrocephalus in children, great care should, in my opinion, be observed.

The cases in which I have found the chlorate most beneficial are, necrosis of bone both in children and in adults; but its efficacy is accelerated by alternation with the preparations of iodine; also in cases of chronic leucorrhœa and gonorrhœa of long standing in females, but in the latter diseases there was less tolerance of the salt, head symptoms supervening. In cases of secondary syphilis arising from the non-indurated chancre, there appears to be a much greater tolerance than in secondary syphilis arising from the indurated variety; but further observations are required.

The action of chlorate of potash is both chemical and physiological, depending—first, on its oxidizing property when it comes in contact with morbific matter contained in the blood, which oxidized matter is chiefly removed by the kidneys; secondly, on its remarkable physiological action on the muscular fibres in causing them to contract, and this contraction giving rise to pressure upon the bloodvessels, together with the contraction of the muscular coat of the arteries, producing mechanical congestion of the brain. I have found the radial artery at the wrist contracted to bell-wire dimensions, and in such a case it was found almost impossible to remove blood by cupping. The kidneys, from their structure and position, are not liable to congestion under the influence of the chlorate; hence there is always a free outlet through those organs. But this is not the case with the bowels, the muscular coat of which may contract upon their contents, producing constipation, which I have frequently observed when my patients have been fully under its influence.

Lastly, I would observe that although chlorate of potash is a valuable remedy in certain stages of scarlatina, especially as a gargle or injection for the throat, it should be cautiously administered in the acute stage of that disease.

Southampton, Oct. 1859.

* It is a question whether medical men might not use a gargle of chlorate of potash as a preventive while attending cases of diphtheria. I once contracted a severe ulcerated throat by omitting to suspend my breath while examining the throat of a patient.

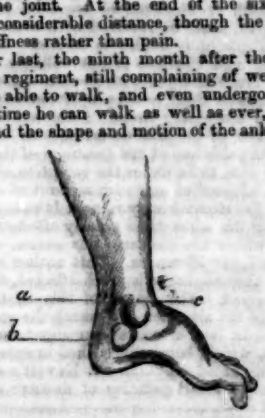
ON A CASE OF
DISLOCATION OF THE ASTRAGALUS BACKWARDS, UNACCOMPANIED BY FRACTURE.

By WILLIAM MUNRO, M.D.,
SURGEON TO THE 93RD HIGHLANDERS.

During the siege of Lucknow, Lieut. M——, of the —— Regiment, fell with his horse, the animal throwing its whole weight on his rider's foot, which unfortunately remained entangled in the stirrup. On being freed from the horse, Lieut. M—— was unable to put his foot to the ground, and felt intense pain in his ankle (the left). He was immediately brought to his tent, where I saw him within a few minutes after the accident. On examining the foot, I found a considerable prominence behind the internal malleolus, between it and the end of the os calcis, and a corresponding depression in front of the foot below the tibia. The last phalanx of the great toe was bent downwards almost at a right angle, and the foot was immovable. No crepitus could be perceived, and the malleolus was distinctly felt in continuation of the tibia. After some hesitation, I conjectured the nature of the accident, and determined to endeavour to reduce the displaced bone at once. With this object in view, I put the patient under the influence of chloroform, flexed the leg upon the thigh, extended the foot myself, moving the heel downwards and forwards as much as possible; one assistant fixed the knee, while another, placing both hands in front of the ankle-joint, pressed with both thumbs on the projection behind. The first effort was unsuccessful; but during the second the dislocated astragalus slipped suddenly, and with a jerk, into its place, restoring the joint and foot to their normal state at once. I then placed the leg, in a flexed position, on a splint with pad, extending from the knee several inches beyond the foot, kept the limb at rest by a bandage, and applied cold to the joint. Considerable inflammation followed, which was reduced by leeching and evaporating lotions; and, after ten days, all pain, swelling, &c., being removed, I applied a starch bandage round the ankle and leg.

In this state I left him, as the regiment was ordered into the field, enjoining rest and a continuance of the bandage, and advising that he should be sent to one of the hill stations, as the hot weather was at hand. For some months he went about on crutches without attempting to move the foot; but, after the fourth month, he could put the foot to the ground, and lean his whole weight on the limb; the least motion, however, gave him pain in the joint. At the end of the sixth month he could walk a considerable distance, though the exertion was followed by stiffness rather than pain.

In November last, the ninth month after the accident, he returned to the regiment, still complaining of weakness of the joint, but quite able to walk, and even undergo fatigue; and at the present time he can walk as well as ever, suffers no inconvenience, and the shape and motion of the ankle are perfect.



SHAPE OF THE FOOT IMMEDIATELY AFTER THE ACCIDENT.

a, Malleolus. b, Displaced astragalus. c, Cavity in front.

Appointments.—Mr. George Ashdown was unanimously elected Surgeon to the General Infirmary, Northampton, on the 1st inst., *vice* Mr. Terry, resigned.——Mr. Reginald Harrison has been appointed House-Surgeon to the Northern Hospital, Liverpool.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

THE VALUE OF THE TOPICAL APPLICATION OF ARSENIC IN CASES OF FOUL AND INTRACTABLE ULCERS.

(Under the care of Mr. M'WHINNIE.)

THOSE who have followed Mr. M'Whinnie's practice at this hospital will have observed how much is to be attained by the topical application of arsenic, and will confirm the opinion expressed by Mr. Abernethy as to what he termed its *corrigent* effects on the morbid action of sores. Its use has been extended not only to foul ulcers of the fingers and toes, syphilitic or otherwise, but also to the irritable ulceration attending ingrowing nails, whitlows, &c. As a remedial agent in certain cases of lupus, in epithelial and other forms of superficial cancer, and in intractable ulcers, it is quite as efficacious as the chloride of zinc, is attended with less pain, and, with care, is as harmless as it is manageable.

In speaking of the corrigent effects of arsenic on the morbid action of sores, Mr. Abernethy, in his "Lectures on Surgery," says that the cases which best illustrate these are those peculiar ulcers which frequently occur on the toes and sometimes on the fingers. They are extremely painful at night, preventing sleep, resisting every variety of application for years; and yet, he observes, they readily get well when arsenic is employed. Sir Henry Holland remarks, in his "Notes and Reflections," that "it is well that every practitioner should keep in mind the expediency of attaining all that is possible by external remedies; a discreet preference strongly sanctioned by modern research is in nowise incompatible with the bold and sufficient use of internal means when called for by the more urgent necessities of practice."

Notwithstanding the objections which have been urged by some writers against the use of arsenic as a topical agent, Mr. M'Whinnie states that it will be found a mild, safe, and efficient caustic, when properly applied, and one that can be depended upon; but its employment must be confined to the hands of the careful surgeon, who must not only apply it with caution himself, but particularly avoid trusting its employment to the patient. In a large experience of its use he (Mr. M'Whinnie) has not met with any bad or dangerous consequences, thus agreeing with Biett and others, who have expressed themselves to the same effect.

The following are a few briefly-reported instances of its curative effects, which we have observed at St. Bartholomew's Hospital:—

A case of severe and long-standing syphilitic ulceration of the toes, sole, and dorsum of the foot, gradually extending, in a patient of about forty years of age. The sores were dressed, and an application made of the arsenical solution. This acted like a charm, so that in a few days so much relief was afforded that, whilst before he had the greatest difficulty in reaching the door from a vehicle, the patient could now walk a considerable distance; the sores became cleansed and healthy, and soon cicatrized with black wash and simple cerate.

In a case of large ulcerated bursa of the patella of many months' duration, which had resisted all modes of treatment previously employed, a solution of the arsenite of potash in spirit and glycerine (about three grains to three ounces of fluid) was applied on lint. This produced a marked improvement, being speedily followed by healthy granulations and subsequent cicatrization.

In those parts subject to pressure or friction, as in the former case, after the sores were gently painted over with the arsenical paste, pieces of simple dressing, perforated like the *cérat troué* or *linge fenestré* of the French, were applied, over which were placed shreds of soft lint or cotton-wool, lightly confined by a roller. These were allowed to remain undisturbed two or three days. The pain, which is sometimes rather severe, (though not so great as that produced by chloride of zinc,) is relieved by a soft poultice applied over the whole dressing, or by moistening the latter, and giving a sedative internally. After the lapse of the time mentioned, the dressings are removed, and simple black wash or cerate, or dilute citrine, or mild red precipitate ointment is used.

Besides the cases just mentioned, Mr. M'Whinnie has found the same plan of treatment very effective in those where the skin is undermined by strumous abscesses, and in the exasperated venereal buboes and other sores seen in the foul wards. He advocates its use, also, in fistulous tracks and sinuses, and in sores which are slow to heal after having been laid open. In the strumous variety, the application of the iodide of lead ointment at intervals completes the cure.

The formula in use at St. Bartholomew's Hospital is a mixture composed of arsenious acid and calomel, in the proportion of from two to eight hundred parts of the former, the remainder being principally composed of the latter, with carmine.

The arsenious acid is much to be preferred when made into a paste with gum or plain water, and it can then be readily used with a camels'-hair brush. This is a modification of the paste originally recommended by Frère Come, and is chosen by Mr. M'Whinnie as the best, after having tested the various modes of application recommended by Blicke, Abernethy, Dupuytren, and others. This paste produces no detrimental effect upon the system; the greater the extent of the surface, however, the more must the paste be diluted. It is considered as efficacious as the chloride of zinc in epithelial cancer, and its application is less painful, being chosen in preference to the knife when practicable. In onychia and ingrowing of the nails its effects are astonishing. In lupus the same results have been obtained; and although its employment is by no means new, yet the good effects seen at this hospital justify an extended trial in those cases of peculiar ulceration which would seem occasionally to resist all the usual modes of treatment pursued.

ROYAL FREE HOSPITAL.

PERINEAL FISTULA, THE RESULT OF STRICTURE OF THE URETHRA, HEALED BY THE DAILY USE OF THE CATHETER.

(Under the care of Mr. WEEDEN COOKE.)

WHEN a perineal fistula is small and of recent origin, and the stricture of the urethra which gave rise to it becomes easily dilatable, it will, in many instances, heal pretty readily, more especially if a catheter be regularly employed to draw off the urine, and thus prevent its contact with the false passage outwardly. This occurrence we have seen many times, and the following case is an example of the kind, which healed up in the course of three weeks. The notes were furnished us by Mr. Nathaniel Hall, house-surgeon to the hospital:—

P. P——, aged fifty, admitted on the 2nd of September, with a permanent stricture of the urethra, and a perineal fistula, situated midway between the anus and scrotum, of some weeks' duration. The greater part of his urine was passed through the fistula, the edges of which were indurated, and the surrounding skin much reddened and inflamed from contact with the urine. Mr. Cooke succeeded in passing a No. 5 catheter, which drew off a quantity of very offensive ammoniacal urine. This treatment was persevered in night and morning for two weeks, when the urine became perfectly clear and healthy, the patient not being allowed on any single occasion to empty the bladder himself. In the meantime the perineal fistula completely healed; the stricture became larger, and would readily admit a No. 8 catheter. His general health greatly improved, and he left the hospital on the 24th, very much benefited by the treatment employed.

It will be readily understood, that if the stricture in the foregoing instance had been a tough and irritable one, associated with a number of extensive fistulæ, the same plan of treatment would not have proved effectual without some other adjunct.

WOUND OF THE NECK AND EXPOSURE OF THE CAROTID ARTERY; RECOVERY.

(Under the care of Mr. ALEX. MARSDEN.)

A BOY, eleven years of age, was brought into the hospital one morning in August, having sustained a wound of the right side of his neck a week previously, by falling on the knife of a chaff-cutter. The injury was a clean incised wound, two inches long, running vertically across the course of the great vessels of the neck, and wounding the sheath of the common carotid artery. A great deal of hæmorrhage occurred at the time, and it is most probable that the external jugular vein was wounded. On his admission the carotid could be distinctly seen pulsating. Having been left an open wound for a week, it was now allowed to heal up by granulation, which it did, contraction gradually ensuing until a small opening remained at either end of the incision. These subsequently closed, and the lad left the hospital quite well.

It is somewhat singular that the wound should have penetrated the sheath without injury to its contents, and there can be no doubt that the artery itself was not in the slightest degree injured.

Scottish Hospital Reports.

ABERDEEN ROYAL INFIRMARY.

OSTEO-SARCOMA OF THE LEG, REMOVED BY AMPUTATION.

(Under the care of Dr. KEITH.)

ON the 21st ultimo, we had the opportunity of seeing an amputation of the leg performed in this hospital, by Dr. Keith, for osteo-sarcoma of the tibia. The case was one of considerable interest, for it had been of eight years' duration, in a young woman twenty-one years of age, who had been working in the fields as a farm servant up to a fortnight before, at which time she injured the leg, which caused some amount of ulceration below the tumour. The growth itself was fully as large as a good-sized cocoa-nut, with a considerable amount of general swelling, and seemed to involve the centre of the tibia, being remarkably prominent in front, but extending backwards amongst the muscles of the calf of the right leg. At the upper and anterior part of the tumour, which had especially increased within four months, projected several fungous masses, pretty clearly showing the nature of the disease. Below this the integument was sound; but on the surface of the leg, beyond the tumour inferiorly, it was in a state of ulceration. This was, as we understood, the part recently injured. The diagnosis was clear enough as to the nature of the disease, and amputation was resorted to by the antero-posterior flap operation, performed by transfixion, the anterior flap being made first. No tourniquet was applied, but the femoral artery was ably commanded in the groin by Dr. Redfern. Notwithstanding this, however, a little more hæmorrhage than usual occurred. With the assistance of Dr. Pirrie, all the vessels were secured, and the stump dressed in the following manner:—After the edges of the flaps were adjusted by sutures, a strip of lint, smeared over with simple ointment, was applied over the wound, then several pieces of dry lint, and a light bandage over all. Chloroform was given on lint, and the patient was speedily insensible, the administrator being guided in its effects solely by the pulse.

A longitudinal section of the limb was afterwards made, and a good example of the peripheral form of cancer of bone was presented to view, with the development of bony spiculæ in various parts of the growth. And we here witnessed what is often seen in similar cases—namely, the altered appearance of the surrounding muscular structures by contamination from the disease. The healthy colour of the muscles was destroyed; they looked as if they had undergone partial maceration. This abnormal change seemed also to pervade the muscles of the thigh, which would thus seem to have participated in the same diseased action.

We have no doubt that a good recovery will ensue from the operation. Dr. Keith's experience, however, in such cases agrees with that of many other observers, in that the disease is sure to return within twenty months. The morbid action, in the present instance, was confined solely to the tibia, the articulations above and below being quite healthy.

ATROPHIC SCIRRHUS OF THE FEMALE BREAST; AMPUTATION.

(Under the care of Dr. PIRRIE.)

The right breast of this patient, who was sixty-seven years of age, had been diseased for eighteen months, possibly much longer; but her attention was first attracted to it at that time. The gland generally seemed to have undergone an atrophic contraction, as is often witnessed in old people. Round the nipple the skin was affected by infiltration, and occupied an oval space, measuring four inches in its longest and three inches in its shortest diameter, the colour being a deep crimson. After chloroform had been administered, an elliptical incision was made by Dr. Pirrie from right to left, including within it the whole of the diseased skin, and the entire gland was rapidly extirpated. There was scarcely any blood lost; the edges of the wound were brought together by sutures, a few strips of pink court plaster were now applied, then a few pledgets of lint, and a bandage round the chest.

An examination of the removed gland showed it to have degenerated into a comparatively small mass of scirrhus, the greater part of it having shrunk away by a species of atrophic absorption, as we have noticed on many occasions.

Reviews and Notices of Books.

The Right Holding of the Coroner's Court, and some recent interferences therewith; being a Report laid before the Royal Commissioners appointed to Inquire into the Law now regulating the Payment of the Expenses of Holding Coroners' Inquests. By TOULMIN SMITH, Esq., of Lincoln's-inn, Barrister-at-law. Pamphlet. London: Sweet, Chancery-lane.

IN relation to the law, office, and practice of the Coroner's Court, a more important publication than the one under consideration never was submitted to our notice. The subject—the Right Holding of the Coroner's Court—has been embraced in all its details by a most powerful and vigorous mind, and the result is, that a Report has been laid before the Royal Commissioners, which must have its effect with reference to the office of coroner throughout the future history of that institution.

Mr. Toulmin Smith is universally known as a most able and successful writer in behalf of popular institutions, and one whose knowledge of his subject is commensurate with his ability. In the Report before us he has defended the Coroner's Court from some violent attacks, to which it has, especially of late years, been subjected on the part of nominees of the Crown; and he has shown from various legislative enactments, dating successively from the time of the Plantagenets down to our day, the varied and imperative functions which coroners are called upon to fulfil, even in the teeth of an opposition which would deprive the public of their services.

"Inquisitions," he says, "upon the death of man, and the Coroner's Court for taking these,—unlike justices of the peace, who are the mere creation of statutes, and whose powers are therefore limited by the express letter of statute law,—derive neither their origin nor their authority from any statute. They have their roots in the common law; and statute law has only been applied to what touches them, with the object of not letting the requisitions of the common law fall into forgetfulness, but of ensuring that this institution shall be kept in full and unremitting independent activity."

After quoting the celebrated writers of old, Bracton, Horne, Fleta, and Britton, the Magna Charta, the statute of Marlbridge, &c., particular mention is made of the statute of Westminster (4th Edw. I.), known as the "Statute of Coroners," which lays down the limits of the authority of those officers in distinct terms. According to that statute,

"The coroner is declared to be under the *obligation* to hold an inquiry, whensoever he has notice, either from a public officer or by private men of the neighbourhood, that any one has been *slain*, or has *suddenly died*, or has been wounded, or that a house has been broken, or that treasure has been found."

And the author very justly observes—

"It is very remarkable that the sacredness of human life should have been thus surrounded with such safeguards and solemn responsibilities at the earliest period when our law assumes its definite shape; and it is far from satisfactory or creditable that it has been reserved for our own day to shake the safeguards which were thus so carefully thrown around it."

The statute of Exeter, enacted in the same reign, and other enactments down to the time of Henry VIII., next come under review, and in considering one (3rd Hen. VII., c. 2) it is remarked—

"It is a common mistake to imagine and represent coroners as having been originally entitled to no remuneration for their services. Instead of this, the true fact is, that coroners were always entitled to remuneration, and always formerly received it; but it was a fixed remuneration, and not one dependent on the number of inquests taken—to the due discharge of their duties as to which they were kept up by the inquiries under the statute of Exeter."

The civil wars that disturbed the whole fabric of society in the time of Charles I. had, amongst other effects, the unhappy one of bringing into more or less of disuse the system of habitual inquiries, and the salaries of the coroners had shrunk almost to nothing, without any intention of the law, and, in fact, contrary to that intention. In the next century, therefore, was passed the important Act, 25th Geo. II., cap. 29, which has been already published in THE LANCET (August 22nd, 1857, p. 203), and which alleges that the sums received by coroners for their duties "are not an adequate reward for the general execution of the said office," and then proceeds to define their amount of payment. In reference to this Act, Mr. Toulmin Smith remarks that it is from the want of knowledge existing and exhibited with respect to it that difficulties have been raised by a few justices of the peace in the way of the right exercise of the functions of coroners. The Act begins with the recital that "the office of coroner is a *very ancient and necessary office*," and the office having gone nearly into desuetude, during the disturbed period of the seventeenth century, it enacts that "*to the intent, therefore*, that coroners may be *encouraged to execute their office* with diligence and integrity," a fixed fee of 20*s.*, besides allowance for mileage, should be paid to each for every inquisition duly taken by him. But "within a few years past," says our author, "some justices have sought to evade this statute, and, in place of fulfilling their own duties under it, to pervert it to a meaning exactly the reverse of what really belongs to it." They have refused the payment of fees due upon inquisitions, which the coroners had no choice but to take. It was proved, for instance, before the Royal Commission, that magistrates sitting at their quarter session, had disallowed fees in the following cases:—

"Upon the death of a child, aged three years, found dead in the ruins of a fire; of a child, aged thirteen months, who died a violent death by scalding; of a child, aged twelve years, who died of severe injuries from burning; of a child, aged three years, who died from scalding, her mother having neglected to call medical aid; of a child, aged ten months, found dead in the ruins of a fire; of another child, aged four years, found dead in the ruins of a fire; of a child, aged six months, with cause of death unknown, but to whom no medical attendance was called till after death; of a child, aged seventeen months, scalded to death; and of another child, aged nineteen months, who also died of scalds."

That the magistrates acted illegally in these cases is proved most incontestably in the Report of Mr. Toulmin Smith now before us. But law is so expensive, that the coroners appear to have preferred submitting to the first loss instead of incurring a second and a greater one.

The opposition of the justices of the peace to the coroners, which has grown into such formidable dimensions within the last few years, is not of very recent date. The case of the King *v.* the Justices of Kent (East, p. 229) occurred in 1810; it was followed by others against the justices of Norfolk, of Devon in 1846, of Carmarthenshire in 1847, of Gloucestershire in 1857,—on all of which occasions the real point of contest was whether the justices had the power, or not, to disallow at pleasure the fees of the coroners for inquests legitimately held. Mr. Toulmin Smith forcibly shows the great injury which public safety has sustained by these attacks on the dignity due to the office of coroner. Amongst a number of excellent passages, for many of which we greatly regret that we cannot find room in this place, is the following:—

"The duty of the coroner is now the same as it has always been. The safety of man's life and the welfare of society need the exercise of his functions at least as much in modern times as they have ever done before. On notice of a death, violent, sudden, or resulting from misadventure, or happening to one who is in confinement, it is the coroner's bounden duty forthwith to summon a jury, and to make inquisition, on view of the body (external and internal), as to the 'cause of the death.' Formerly, a sufficient salary recompensed the arduous and highly responsible labours of this 'very ancient and necessary office.' Now, the coroner is entitled to the less satisfactory remuneration of a fixed fee on each case in which the record shows that the inquisition has been 'duly taken.' The justices of the peace have the ministerial duty of making an 'order' for the payment of this fee; but they have no discretion whatever to question or control the exercise by the coroner of his functions. When they make an attempt so unlawful, it were well that they should be reminded of the words of Lambard—for so long ago did these Crown-appointed functionaries seek to encroach beyond their actual and lawful sphere of duties—when he declares (p. 58) that 'Truly it is to be wished that justices of the peace would not, by colour of the reference to their discretion in some *few* cases, arrogate unto themselves authority to use their discretion, and to play (as it were) the chancellors, in *every* cause that cometh before them. For no way better shall the discretion of a justice of the peace appear than if he (remembering that he is *lex loquens*) do *contain himself within the lists of law*, and (being soberly wise) do not use his own discretion but only where both the law permitteth and the present case requireth it.'"

Mr. Toulmin Smith having been consulted by the Committee of the Coroner's Society of England and Wales, he drew up the Report, which was presented to the Royal Commissioners as the case of the coroners, and that Report constitutes the admirable pamphlet which is now under consideration. It is, in fact, "the case" of the coroners and the public *versus* the irresponsible quarter sessions of several counties. It exhibits a complete view of the coroner's functions, the principle which should govern his mode of remuneration, and the necessity for establishing his authority upon an entirely independent footing. As Mr. Smith remarks in his opening paragraph,

"The 'law regulating the payment of the expenses of holding coroners' inquests' is a matter which, whatever interest coroners themselves may have in it, concerns the public in a far greater degree. To the coroners, looking at it as a personal question, it is merely a matter of a few pounds, more or less. To the public, it is a matter of maintaining the safeguards of human life."

The accuracy of these opinions will be universally acknowledged, and it is to be hoped that this comprehensive Report will be in the hands of every coroner and medical practitioner in the kingdom.* Magistrates, also, might consult its pages with much advantage, and learn from it a most useful lesson with respect to the functions of the office of coroner. There cannot be a doubt that one of the chief grounds of complaint on the part of the justices against the holding of inquests is the cost of medical testimony and post-mortem examinations,—thus aiming indirectly at the repeal of the statute of Victoria, under the authority of which these payments are made. The subject, therefore, directly points to an important interest of the profession, and claims the attention, and calls for the interference, of all medical practitioners. Considering, further, that the Report relates to one of the most useful of our popular institutions;—seeing, also, that that

* The price of this valuable pamphlet is only one shilling.

institution forms one of the strongest safeguards against the perpetration of the most terrible of crimes, this is a publication which cannot be too widely diffused amongst vestries and boards of guardians, nor too extensively read by the public.

We conclude by expressing a confident opinion, that a more useful work, with reference to the office of coroner, never issued from the press.

THE GHOST OF THE APOTHECARIES' MONOPOLY.

To the Editor of THE LANCET.

SIR,—The shades of the departed are said sometimes to visit the earth, uttering strange moanings, and frightening credulous people. Common enough in the very far north, a ghost in the south is quite a *rara avis*. But I perceive, on returning from my autumnal tour, that a real ghost—the shade of the dead and buried monopoly of the Apothecaries' Company—has been seen lately lying in wait to frighten the medical students, making its way even into your pages, where, this day month, it uttered certain mysterious moanings, trying to persuade others, if not itself, that it is not dead, and, daring ghost that it is, shrieking in despair that the licence of the College of Physicians has not an equal legal value!

The usual way of bringing down a ghost, it is said, is to shoot with a silver bullet; but this fellow may be finished off simply by loading with the 31st Clause of the Medical Act. Here it is:—

"Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of her Majesty's dominions; and to demand and recover, in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines, or other medical or surgical appliances, rendered or supplied by him to his patients."

Now, I defy the combined ingenuity of all the apothecaries in the kingdom to get over this. When a new Act of Parliament is intended not to supersede a previous one, it is necessary to introduce a reservation into the Act. Thus the 47th Clause provides for the reserve of King Henry the Eighth's charter to the College of Physicians; but there is not the slightest allusion in any clause of the Act to a reservation of the Apothecaries' monopoly. In fact, one great object of the Act was to sweep away that monopoly, as Clause 31 has most carefully and thoroughly done. There he that runs, as well as he that cross-examines, may read that *every* registered holder of a medical or surgical qualification is now entitled to practise in any part of her Majesty's dominions, and to recover for advice, attendance, medicines, &c., in any court of law. There is no reservation of the Apothecaries' late monopoly here, unless it can be made out that England is not part of her Majesty's dominions. The licence of the College of Physicians, therefore, is a thoroughly legal qualification, with authority to practise medicine and also to recover for attendance and medicines, in any part of her Majesty's dominions.

Then, anticipating defeat on the ground of legality to practise and recover, the ghost next takes refuge in the Poor-law Board, and makes believe that its licence is still required there. Daring and untruthful ghost again! Turn to the last general order of the Poor-law Board (quoted in the last Minutes of the Medical Council), and then and there any man may read that the Board recognises the licence of the College of Physicians exactly on the same footing as the Apothecaries' licence, and mentions it first besides. This order can be changed only (as the secretary writes within these few days in a letter which I have seen) by a new general order of the Board, and no such order has been issued, nor is likely to be. I challenge the Apothecaries' Society to produce any such letter or order from the Poor-law Board, although I dare say they could easily produce their unsuccessful application to the Board to pass such an order.

But the utterings of the ghost are of a vague and intangible kind. No fair-play attempt to show, by reference to facts, that the Act has not smashed the monopoly (for this would be a suicidal attempt), but, instead, vague and dark rumours are secretly circulated, so as to produce doubt and fear, and lead the alarmed student to the conclusion that he will be safer to take the Apothecaries' than the Physicians' licence. But the dodge wont do. It will merely serve to bring into greater notoriety the fact that the Apothecaries' monopoly is defunct, thoroughly defunct. The Apothecaries' Company ought to be thankful for past power and riches (they must have made a deal of money—what have they done with it?), and grateful for that mercy of the Medical Act which still permits a trading company to license for the practice of a liberal profession in any part of her Majesty's dominions; and it should now be their great pride and policy to boast that their licence is *as good*, in law, as that of the College of Physicians. Trusting to the force of habit, they may calculate on a fair share of licentiates still; but if this ghost tries any more pranks, it will raise such a hue-and-cry that the Apothecaries' licence will be overwhelmed with disgrace.

That the ghost should have tried to show itself in your pages is but in accordance with the law of ghosts, whereby they haunt the places where they were slain; for the profession assigns to THE LANCET the leading and the principal share in the great merit of breaking up this monopoly, of freeing the profession from the degrading yoke under which it has so long groaned, and of advocating (at length successfully) the claim and right of the general practitioner to be licensed by the College of Physicians as well as by the College of Surgeons.

Clause 31 of the Medical Act should be printed up in large handbills in every medical school; and wherever the ghost shows face, the mere quotation of the clause will make it vanish with a shriek!

My medical qualification is not from the College of Physicians. I remain, Sir, your obedient servant,

September 27th, 1859. A SURGEON.

A MEDICAL ACT IN BRITISH AMERICA.

To the Editor of THE LANCET.

SIR,—In regard to the Medical Act of New Brunswick, commented upon in THE LANCET of August 20th, you have therein clearly expressed the designs had in view by the profession here; which were, to allow, on first registration, a good many persons who were deficient in *degree* of qualification, and then frame a schedule, to be sanctioned by Government, enumerating colleges the graduates of which should be entitled to registration, and thus gain for the profession a higher status, and take other measures for its elevation. But it was never intended, even for the first registration, to admit persons whose title to it was wrong in *kind*, such as a homœopathic degree. Of your opinion on this subject, and that you would discountenance any annexment of such to the profession by registration on the same roll, I am perfectly well aware, from your repeated statements on the point; hence I consider it a little unlucky that from your concluding remarks a sort of inference is to be drawn, that if the homœopathic college of Cleveland were a chartered institution a degree from it would be a valid title to registration. It is true that the college is chartered, but under the name of *Homœopathic* Medical College. The charter says that there shall be instruction given "in the various departments of medical science, which shall include anatomy, physiology, pathology, materia medica, chemistry, obstetrics, medical jurisprudence, principles and practice of *homœopathic medicine and surgery*." In the diploma from this college which was presented, the last-mentioned chair is that of "Institutes and Practice of Homœopathy," the word "medicine" not being mentioned, although the recipient, in the diploma, is called Doctor of Medicine. This degree is a homœopathic degree, and not a medical one. As well might a veterinary surgeon claim to be registered because his diploma contains the word "surgeon," and our Act says that anyone having a diploma to practise surgery shall have that right. It is surgery, but of a peculiar kind; the other is medicine, but of a peculiar kind: one to practise on horses, the other on asses.

I think, from what I can gather, that, should the matter be brought to trial, the law will sustain the view that a homœopathic degree is not a medical degree in the sense of the terms of our Act. From this question being so unusual a one for the arbitration of the law, it must naturally be one of interest to the profession everywhere; and if such is your view, and you desire it, I will furnish you with particulars of further events.

From being obliged to write in extreme haste, to be in time for the mail, I may have given you a very imperfect idea of what I intended to impart.

Thanking you for your flattering remarks on our efforts,

I am, Sir, your most obedient servant,

W. T. HARDING, M.R.C.S.,
Registrar under N.B. Medical Act.

St. John, New Brunswick, Sept. 20th, 1859.

THE LANCET.

LONDON: SATURDAY, OCTOBER 8, 1859.

IT was said of the ancient Romans, that wherever they conquered they settled as colonists—that is, they became settlers in the land of their adoption, and, without forgetting that they were citizens of Rome, were yet prepared to defend their new country, which, after a few generations, became to them as a fatherland. It does not appear, however, that these widespread colonies, extending to the then known world, succeeded to any great extent in altering, or modifying, the character of the original races of the conquered countries. None of them ever became Roman or Italian, properly so called; the intrusive race, in fact, after a few centuries, disappeared, and the population regained its primitive type or character—a process of depuration hastened, in all probability, by the circumstance that the Italian youth alone emigrated to foreign lands, intermarrying with the races amongst whom their lot was cast. Thus the Roman or Italian race speedily became extinct in all or most of their colonies. The same had happened to the Greek and Phœnician races; and we have only to refer to Northern Africa in order to show how difficult it is, not to say impossible, for any race to transfer itself from one continent to another, and to resist, even for a few centuries, the combined influence of climate and of an admixture with the aboriginal race. In Western Africa and in India a few centuries have sufficed nearly to extinguish the Lusitanian blood, whilst the *actualities* of Central and Southern America point to events which man could not have foretold—namely, the formation of hybrid races of men of no principle, of no character, and who must soon cease to be numbered amongst the nations of the earth.

This question of acclimation, which to many may seem a merely theoretical and philosophical question, is, on the contrary, to Britain, one of the most pressing nature, and eminently practical. On its solution depends the existence of what some are pleased to call "the Colonial Empire of Britain;" and although, in fact, it is the highest abuse of terms to give to such a heterogeneous mass of dependencies, scattered over the world, the name of an empire, to which it bears not the most distant resemblance in any sense, the term may still be employed as comprehending the hundreds of rocks, islands, continents, and even sand-banks, on which the flag of mercantile and enterprising England has been unfurled. These rocks, islands, and continents, on which the inhabitants of the British Isles, usually called English, have located themselves, and have attempted colonies, or, by merely enslaving the aboriginal inhabitants, have been contented with collecting, under the name of "taxation for financial purposes," the wealth of the conquered people, occur in nearly every climate, and are occupied by men of all colours, species, or varieties. Hence the difficulty in establishing a central imperial power, to be willingly obeyed by men of all races, and of maintaining, in climates so varied, armies composed of European troops, not colonists, but united to their fatherland by the ties of birth, education, language, and race. In the temperate zones the European by birth experiences little or no difficulty in accommodating himself to the altered circumstances in which he may be placed. Our English troops, stationed for many years in North America and its dependencies, in Australia, New Zealand, and the colony of the Cape of Good Hope, not only enjoy the best health and strength, but even an almost absolute immunity from diseases by which they suffer severely in the land of their birth. Pulmonary consumption, typhus, and dysentery are almost unknown in some of these colonies, and the health-rate of the troops, although composed of men who, by intemperance and folly, bring many evils on themselves, ascends to a point it has never yet attained in any European country. It is for time to show whether or not a purely European population may ultimately enter on full possession of these lands to the exclusion of the aboriginal races; at present, the opinion* gains ground, that after some centuries the fate of all intrusive races is to die out, whether the land of their adoption be within or without the tropics, unless their numbers be fed by continual immigration from the parent stock. But be this as it may, the question which interests Britain at the present moment is, the maintenance of armies of Europeans in such a state of efficiency in her colonies as to render unnecessary the employment of natives, enlisted amongst the aborigines of the land thus held by military occupation. The revolt in India presents, on a gigantic scale, all the dangers of such a policy as the disciplining and arming races of men wholly and for ever antagonistic to our own; whilst the same process—namely, the calling the peaceful labourer and merchant of European descent from vocations on which all civilization ultimately rests, must as surely end in the speedy disjunction of these colonies from the mother country. Events productive of the same results, though springing from a different cause, lost to Britain the greatest colonial empire the world had ever seen—the United States of America. To hold distant countries in any kind of subjection to Britain, her armies must be composed simply of the natives of Britain, born and educated in the land of their forefathers—proud of their nationality and of their European birth and education. We cannot, with safety to England's grandeur, employ armies of New Zealanders, Australians, Tasmanians, Canadians, Africaneers—these being the names by which the descendants of English parents, born and brought up in these colonies, unhappily designate themselves; her armies must be composed of Englishmen in reality—men of different races it is true, but strongly united by the bonds of language, birth, and nationality. Now if this view be correct, the question returns with increased urgency,—How are such armies to be raised and maintained in an efficient state in all climates, without causing such a drain on the mother country as to exhaust the vitality of the nation?

This question may be readily solved as regards the extra-tropical colonies generally. European troops located in such countries enjoy the best health; nay, what is more, troops employed in the deadly climates of tropical countries, when removed to such colonies as Australia and the Cape, recover their health and strength in a surprisingly short time. Why not first transfer regiments, enfeebled and utterly exhausted by a long residence in India, to such climates as the Cape and Australia, rather than to cold and bleak Scotland and Ireland? Why transfer a regiment which has been long in India, and suffered much, to the climate of the Grampians, to pass the

* First discussed by Dr. Knox, in his work "On the Races of Men."

first winter of their return to Europe amidst the snows of Caledonia, in the cold and comfortless station of Fort George? Why not move them to the Cape, New Zealand, or Australia? In truth, the maintenance of European armies in tropical climates is mainly a question of transport and transference from a deadly climate to another extremely healthy, and the vast extent and variety as to climate of our colonies, and the power of our marine, furnish the means for meeting the difficulty. The troops best calculated to encounter a campaign or two in a tropical country are those proceeding directly from Europe, and who carry with them all the vitality of their northern native constitutions. It is quite a mistake to suppose, that by accustoming them to a climate hotter than England, but less so than India, they may gradually become acclimatized and strengthened, so as to bear an increase in temperature with less suffering than troops directly from Europe. It is only certain constitutions (the consumptive and the exhausted by a residence in a tropical country) which improve for a time by a removal to the Cape or to Australia; a lengthened sojourn even here is not in favour of European troops. Armies are ever healthiest when on the move—an observation which is true in more senses than one; and on this theory, supported as it is by innumerable facts, we ground our belief in the possibility of maintaining the armies of England in a healthy condition all over the world, simply by judicious and well-timed frequent transference from one climate to another. There are, no doubt, some colonies belonging to Britain, the climates of which seem to be of so deadly a nature as to be surely, and under all circumstances, destructive of European life: we allude to the Western Coast of Africa. Yet even of this dreadful climate an amiable and much-respected medical practitioner asserted a few years ago that the climate was in no respect worse than that of England! Dr. WINTERBOTTOM'S work was written, it is true, before the invention or application of the statistic or numerical method of inquiry. At that time medical men wrote from their impressions, and without regard to numbers. Colonel TULLOCH had not then composed his celebrated inquiries into the health of the British armies throughout the world, and as men kept no records of their own experiences, and despised the experience of others, the world, it must be confessed, moved in very narrow circles, and progress was impossible. All is changed now; at least we hope so. The *Great Eastern* is afloat, and with a few such vessels let us trust to hear no more of regiments returning to England mere skeletons, after a servitude of seventeen years in India. What a *system!* Is this *system* to go on? Are we to have another expedition to China on the model of the Crimean? If any reasonable fears be entertained on this head,—and numerous precedents warrant the reasonableness of such apprehensions,—then the nation cannot too soon insist on the formation of a *Conseil de Santé des Armées*, to see to the due administration of a portion of the twelve millions sterling which the country has voted for the maintenance of the power and dignity of England at home and abroad.

ABSTRACTS of all the Introductory Lectures delivered in the metropolis at the commencement of the Medical Session will be found in our columns of this day. It was scarcely to be expected that these addresses should contain anything unusual or striking. On subjects so repeatedly discussed, it is marvellous that so much really valuable material should year by year be presented to the student. It is rare, indeed, that we have the opportunity, on such occasions, of recording the thoughts and inspirations of a master-mind; but it must be acknowledged that in every instance the addresses of the present year have been characterized by good sense, and by a thorough appreciation of the duties and the necessities of the medical student. It is gratifying to observe that, however the different lecturers may have enlarged upon the importance of the various branches of study with which they were more intimately connected, they have all insisted upon the paramount importance of dissection, and a knowledge of disease obtained at the bed-side. When THE LANCET commenced its career, not a single course of clinical lectures had ever been delivered in the hospitals of London; in fact, there was no such thing as clinical instruction in this metropolis. How different is the state of things now! A free press, acting on public opinion, has not been the least important agent in working this most salutary change.

The student must ever bear in mind that his future success in life will depend mainly upon his own exertions. Whether the hospital with which he is connected be large or small, it will furnish him with sufficient material to obtain a competent knowledge of his profession. Splendid museums, and beds in which disease is exhibited, counted by hundreds, are not the essentials to his success. SCARPA had but fifteen beds in his clinical hospital; he was no less successful as a teacher of surgery on that account. The accurate and diligent study of even one case will afford more practical instruction to the student than a cursory glance at a hundred in his "walk," or rather "run," through the hospital. We earnestly inculcate the necessity of note-taking both in the lecture-room and at the bed-side. The most successful practitioners have been assiduous note-takers. Many a judge has obtained his position on the bench from his assiduity in taking notes when he was a briefless barrister. Notes made at the bed-side of the sick afford a fund of information which is never exhausted. They will assist the practitioner on many occasions when other sources of knowledge fail.

ANOTHER trial for a fraud on the Medical Register is reported in the present LANCET. A person named JOHN BROATCH, practising near Dumfries, pretended to be possessed of the licence of the Royal College of Surgeons of Edinburgh, and not only swore to its possession before a county magistrate, but inveigled a medical practitioner, who had never seen the diploma, to attest that he (BROATCH) was possessed of one. According to a practice adopted in Scotland, with the intention of securing the Register against fraud, such an attestation is required from applicants when they send to register themselves; but in his evidence, as published, Dr. M'CULLOCH is made to say that "not one medical man in Dumfries showed his diploma when he got his certificate signed." Well might Dr. ROBERTSON, the Registrar for Scotland, remark of the Register, that "the book is merely evidence of registration, not of qualification."

The necessity for a clear and trustworthy attestation of identity and of the possession of a qualification previous to registration was always strongly insisted on by the London Medical Registration Association, and the deputation from them who waited on the Medical Council in August last were gratified at learning that a course similar to that which they had

recommended was pursued in the sister country, although not in England. But it would seem that the attestation is no more than a delusion and a snare, and that the Register itself is a mere bundle of waste paper, if men can be found to swear falsely, and attest ignorantly, that such documents exist.

Medical Annotations.

"Ne quid nimis."

DIPHTHERIA IN AUSTRALIA.

IN the *Inquirer and Commercial News* of West Australia for July 6th, Dr. Rennie has propounded certain views, at considerable length, on the subject of Diphthérite—an epidemic which has fallen so severely on this and other countries that its advent is naturally viewed with alarm in our colonies. All European experience has led to one conclusion—viz., that leeching, blistering, and the like, are not only valueless as means of cure, but dangerous as instruments of death, in the treatment of diphtheria. This doctrine, which sad experience has forced upon all medical practitioners in England, France, and Germany alike, Dr. Rennie repudiates. He maintains the theory of diphtheria as a blood disease requiring issues from the body, and draws from this a recommendation, and advocates the employment, of blisters on that ground. He quotes the following passage from the report of Mr. Ernest Hart on the English epidemics:—

"*Cutaneous diphtheria was never developed except when the epidermis was raised or removed, and the skin thereby approximated to the condition of a mucous membrane.* Thus, in the progress of an epidemic, leech-bites, blisters, fissures of the breast, excoriations of the scalp, of the nose, and other various wounds, might become the seat of diphtheritic inflammation."

From this passage, intended to discourage such applications, Dr. Rennie draws a precisely opposite conclusion:—

"How clear, therefore, it is that whatever disorganizes the skin, and approximates it in texture to the tissue of the body that the diphtheritic poison has a natural elective affinity for, will lead to an artificial one being there established; and it appears to me singular that the teachings of nature in this respect should have been so long unrecognised in scientific practice.....In cases that promise to be severe, it seems to me doubtful that we should be justified in incurring the delay necessary to produce a blistered surface by the ordinary fly blister, but that we should rather adopt some more immediate means of disorganizing the skin: such, for instance, as by placing a piece of lint, saturated with aqua ammoniæ, covered over with a wineglass, upon the skin we wish to counter-irritate, through which, in the course of between five and ten minutes, a blister will be produced, and which system of vesication can, of course, be carried to such extent of surface as we may wish to disorganize. Should the symptoms not be very urgent, possibly the application of a few leeches to any convenient portion of the body (with the exception of the throat or neck) might act as a good derivative, while the ordinary fly blister was rising; and the leech-bites, by becoming the seat of diphtheritic action, would be as an additional means of saving the throat from further mischief."

When it is remembered that such treatment would be universally regarded in Europe as absolute malpractice, and that Trousseau warns us against it by a reference to the practice of the physician at Chapelle Veroux, who lost, in this way, as many patients as he had cases under his care, we think that the inconvenience of presenting, *ex cathedrâ*, statements of this nature to an undiscerning public is very palpable and egregious. In a medical periodical Dr. Rennie's views might be propounded with advantage. Opposition to received opinions is commonly useful, since it reopens discussion; but pronounced authoritatively, as from the staff-surgeon and principal medical officer of Fremantle, it is to be feared that the dogmas to which we have referred may have a dangerous influence.

PRO AND CON.

THERE are some investigations which appear only to end in mystification, and some conclusions which seem to be connected with the starting-point of inquiry by a merely circular line. Such an investigation cannot be said to be satisfactory when grave questions are at issue which admit of complete solution, or when a reputation is assailed, and the grounds of the charge can, and should be, fairly and fully ascertained. The *Durham Chronicle*, of September 23rd, contains a report of an inquest on a pitman, James Lemmock, who died subsequently to fracture of the pelvis. The circumstances have excited a great deal of local indignation, and deserve a little comment.

The unfortunate man was crushed beneath an enormous weight of material falling on him, in great measure apparently through his own neglect. He was severely injured, and was attended by Mr. Jepson, and by Mr. Macneally, his assistant. No evidence at all was produced as to the medical treatment during the lapse of a month; but at the end of this month the patient was brought to the County Hospital, suffering from tumour in the perinæum, and perineal fistula, with extravasation of urine. He died; and the post-mortem examination was made by Mr. Shaw, surgeon to the hospital, who found "a laceration in the urethra, about an inch and a quarter in length. This opening was in the side, and was what we call, in common parlance, a slit." Moreover, the periosteum was denuded from the tuberosity of the ischium, and its ascending ramus was fractured on the right side; while the horizontal ramus of the pubes was broken through on the other side. Severe as were these injuries, and commonly fatal, Mr. Shaw thought himself justified in stating to the jury, in the absence of those who had attended the deceased during the first month of his illness, that death was to be attributed to the neglect of his medical attendants; that "the cause of death was infiltration of urine; and that the infiltration of urine would have been prevented if the catheter had been introduced earlier." These seem to be very strong assertions. That a catheter should at once have been introduced appears to follow of necessity from the account of the injuries which Mr. Shaw found; but it appears superfluous to suggest any other cause of death when the impact of an enormous weight of material had so seriously injured the deceased as to crush the pelvis, fracturing it in two places, stripping the periosteum, and rupturing the urethra. Nor can any surgeon, we think, affirm with authority that any amount of care in introducing the catheter would ensure recovery from injuries so commonly found to be fatal in their result. It does not clearly appear whether this be also the opinion formed by the jury; but the verdict is entirely opposed to the tenor of Mr. Shaw's evidence, he being the only medical witness examined, except Mr. Pyle, his house-surgeon. They decided that James Lemmock came to his death by his own neglect. This does not leave matters in a very satisfactory state. Mr. Jepson remains under an imputation which he has not attempted to remove; and the jury have formed their opinion upon the treatment without having any testimony as to the course pursued during the month which followed the accident. It is greatly to be regretted that his evidence was not called for, as without it no conclusion could be obtained satisfactory to the public mind, or exculpatory of the surgeon; while, on the other hand, in its absence, very injurious statements are admitted, such as are painful to the profession and prejudicial to the individual assailed.

UNIVERSITY OF ST. ANDREWS.—With reference to the paragraph which we recently inserted in our "Medical News" regarding the intention of the Royal Commissioners to require one year's residence from every candidate for a medical degree, we have been requested to state that the University has as yet received no intimation of any such intention on the part of the Royal Commissioners. [Notwithstanding the above statement, we have reason to believe that we correctly reported the intentions of the Royal Commissioners.]

Correspondence.

"Audi alteram partem."

THE NEW MEDICAL ACT AND THE COLLEGE OF PHYSICIANS.

[LETTER FROM DR. HENRY SAVAGE.]

To the Editor of THE LANCET.

SIR,—Your elaborate explanation in your "Students' Number" (Sept. 24th), of the still far too complicated and cumbrous machinery for making the medical practitioner, will be found now more than ever indispensable to all aspiring to that dignity who desire to make the best use of their time. The "Students' Number" of THE LANCET deserves the approbation of the entire profession. I have gone through it most attentively, and regret that the aspect of our medical affairs is so sadly unworthy of the wonderful amount of legislation bestowed upon them.

Under the old *régime* we knew sufficiently well which one of the three subdivisions of the medical kingdom we came under. However indifferent to mere title, most of us care something about a definite as well as respectable appellation; but now, who can say what he is? Is a prescribing M.D. a physician? It seems a physician need not be a M.D. Is a dispensing licentiate a physician? If not, what on earth is he? What is a prescribing M.D., L.C.P., M.R.C.S., practising surgery? What the same dispensing his own prescriptions?—the rule in the country! What is a M.D. practising surgery? What a graduate in surgery practising medicine, which he cannot help doing—surgery and medicine being indivisible, as declared over and over again by the chief agitators in the recent successful medical revolution. To say nothing of metropolitan pure surgeons who prescribe for any medical case coming before them.

"Any person who shall take or use the name or title, addition, or description, &c., shall, upon summary conviction, pay a sum not exceeding £20." (*Vide* Medical Act.) With not unnatural anxiety, you apply to the Registrar to ascertain what may be your legal claim to a title. This is his stereotyped reply: "Have you paid your money? Are you registered? Well, then, just what you like!" tendering the scarlet book, price (lately) 7*s.* 6*d.*

The scarlet volume, or so-called Register, turns out to be legally worthless, and so full of mistakes that for minor purposes even it is not to be relied on. And a voluntary Association—the London Medical Registration Association—have had to undertake, at their own cost, the chief powers under the Medical Act!

The medical press in general abounds in the most uncomfortable comments. Thus, the corporation known as the Royal College of Physicians, Pall-mall, is denounced as a "venerable creature in a hole, dislodged at last as by an earthquake (nothing less would do it); but now running about, exhibiting ingenuity incredible in getting cash:" *e.g.*, by wholesale fabrication of members and fellows, or some other sort of victimizing. The president, whilst doggedly repelling every sensible inroad towards improvement, by "lateral noddings of the head" compassing, in conjunction with an ally hard by, the sack of Blackfriars.

Another journal "sees hundreds of physicians who possess no degree taking the title of Doctor, and palming themselves off as such on the public through the length and breadth of the land;" and says that "as the Registration Association makes no attempt to restrain a college licentiate in this piece of deception, it presumes the licence comes to the same thing," and chuckles amazingly—recommending a disgraceful compromise between universities and corporations. Here, perhaps, I may be allowed to assure this worthy editor that as soon as the Registration Association has less on its hands, the felonious assumption of other people's titles, or any other piece of analogous knavery, will be dealt with as it deserves.

But the most astonishing climax to the proceedings of the "creature" since the earthquake is its manifesto in one of your contemporaries. There is no mistaking its author or authority. A statement more barefaced, insolent, and at the same time more dismally suicidal, its worst enemies could not desire: "The College of Physicians lost their *prestige* through their own fault; and it is vain for them one moment longer to maintain the paradox that they alone can make physicians now the only power has been ruthlessly swept away.....We can all point to names passed over of men who could bring eminence and dignity with them to the College, and *vice versâ!* but it is of no use reverting to the *status quo*.....Will the public hereafter discern any importance in the mystic appellation (*physician*) whilst Sir Charles Hastings declines to belong to the College in any way, and the eminent adviser of her Majesty declines the honour of the fellowship?

"The *year of grace* was not intended to confer any honour, but, when no *fama* attached to the man's name, (*sic*) to embrace such persons under one common title—members of the College.

"Many so-called physicians are mere costly general practitioners: no one wishes to see them raised to the fellowship."

This jumble ends in a long lament (four columns) over times gone by, the exploded compact between the antique bluebottle and the gold-headed cane, and a frantic invocation, "Whatever you do, spare the fellows!"

"Ten pounds, and you're a member;
Thirty more, a fellow;
The rest of you, a motley crew,
Mere leather," &c. &c.

I wish the year-of-grace men, in particular, joy at the honour they thought they obtained in Pall-mall, and a happy issue to their absurd expectations.

Who shall say he can render a reason for the late rush of year-of-grace men at the College portals? *Nomina mutanda.* The following instances of this strange infatuation I can vouch for:—

Dr. Wriggleton, after years of toil as an apothecary, purchased into the Apothecaries' Company, and aspired to a degree. He took my advice, spending two pleasant days at a Scotch university, instead of having his diploma from Germany by post. I met him the other day, in deep black, with a cane. He replied to my mistaken and evidently unacceptable condolences that he had paid his £10, and was cultivating consulting practice!

A distinguished brother graduate of the London University, Dr. Dunne Browne, one foremost in the strife for university privileges, pointed to his increasing family as the excuse for availing himself of the year of grace, without waiting for the stamp-duty reduction. "His practice had less of the consulting feature than he liked."

A young but exceedingly promising Scotch M.D., Dr. J. Greene, *did* wait with characteristic prudence for the stamp reduction. He makes sure of the fellowship, the best chance of the next hospital vacancy, and contemplates a second horse to his brougham.

I mention these as cautionary examples. Pity the College manifesto came out so late; it would have spared these worthy men some vain expenditure they can ill afford, and an immensity of mortification;—not to know, too, the corruption of all hospital appointments, and that the coveted consulting prerogatives fall to the lot of about six in a life time, and even then as the *sole* result of individual qualification, years of impecuniary self-denial, associated with a capacity for work and labour about equal to that of a stonemason!

Whilst the dominant sentiment in the medical profession, as a community, is internecine, can the best amongst us feel secure against enemies or sure of his friends? Sir Charles Hastings wisely declines to hazard his reputation with a quorum—half a dozen, possibly—of college electors; and Sir James Clark looks upon the fellowship as a disgrace, or, any how, dear at any price.

It has pleased the College of Physicians to be severely critical on their Edinburgh brethren, in utter disregard of the fact that the greater number of our best men are Scotchmen, including the "eminent adviser of her Majesty" and the discoverer of the greatest blessing to humanity, chloroform; and of the still more significant fact that these gentlemen have achieved eminence by steadfastly eschewing those principles which have been at the bottom of the downfall of the institution in Pall-mall.

The contemplated spoliation of the Company of Apothecaries, if successful, would entirely swamp the College licence as a distinctive title, without substituting a thing in the least superior in any single point of view to the Apothecaries' licence, besides being in complete bad faith with the year-of-grace men, and, indeed, every sort of licentiate. What matters? a new bye-law will make all square. These men, we are informed in the manifesto, took to "grudging" the £10, and showed a distrust of the managing clique of Fellows. Their money being secure, and but small chance of more from that quarter, they

are coolly informed that the licence *ipso facto* does not make a physician, and, indeed, is no absolute guarantee that the holder does not sell Epsom salts; and a new dodge is resorted to, leaving the year-of-grace men to interpret and carry out as they may the solemn farce they severally went through on bended knee, the head of each buried in the lap of the president as they swore to "obey, observe," &c., "bye-laws, ordinances," &c., to be superseded or rendered absurd by bye-laws and ordinances framed to suit the mood or tactics of the following day.

Is the College awake to the circumstance, that a man need not hamper himself with their by-gone ordinances, or render himself a Guy in some other way, to be accepted by the public and the profession as a physician? Sir B. Brodie, the President of the Medical Council, has prescribed for as many medical cases as any man of his day. As he was in no way connected with the College, is he the type of the "costly general practitioner"? or is Sir C. Hastings?

After troubling you with this long communication, something like a practical suggestion might be expected. In the present state of matters, he must be a much more hopeful man than I am who would suggest one. It is something to point out the real evil. Is it credible that we have been waylaying our law-givers in lobbies, invading their private dwellings, and turning up when and where least expected to look sharp after the tampering, only to find an Act of Parliament, by which our medical titles have become a bone of contention, an executive without powers, and ourselves saddled with a functionary costing £800 per annum, whose answer to all our inquiries is a book *he* calls a Register, intrinsically not worth paper and print, legally a fiction, and for which he has charged four times more than the value of the said paper and print? Is it credible that there is a *recognised* institution, which can make bye-laws *ad libitum*, —it signifies not how inconsistent with each other, or with the terms and spirit of the Royal Charter to which it owes its existence; take thousands from respectable (if deluded) gentlemen for that which they are told by it afterwards is worthless; invalidate the chief objects and intention of an Act of Parliament; disturb the peace of the profession, and be voted a pest, a nuisance, a snare, an incumbrance, almost by acclamation? Yet so it is, and this strange anomaly lives on. It is called the "Hole" in Pall-mall East. Who now will care to regard these admissions, abject enough—loss of *prestige*, systematic injustice, universal distrust? The creature will suffer the fate—indeed it is now undergoing it—of a good-for-nothing, conceited old coxcomb. To such the times bring no sign, and trouble no moral.

The Royal College of Physicians probably regret they did not act upon the advice tendered long ago by one of their own body in four words, when their "privileges were ruthlessly swept away": "Shut up—sell off!" My advice is to let the premises to the Medical Council and the Registration Office, if only for once to gladden the old halls with the spectacle of a medical assembly, earnestly bent on conferring something like a disinterested benefit on their brethren, and doing honour to themselves.

I remain, Sir, your obedient servant,
HENRY SAVAGE, M.D. LOND.

Gloucester-place, Portman-square, Oct. 1859.

THE TITLE "SURGEON-DENTIST."

To the Editor of THE LANCET.

SIR,—As the publication of the correspondence between Dr. Ladd and myself on the title "surgeon-dentist" has led to some misconstruction, I shall esteem it a favour if you will allow me to state that the Council of the College of Dentists are decidedly of opinion that practitioners of dental surgery are entitled to retain every privilege they were in possession of previously to the passing of the new Medical Act, including the right to call themselves surgeon-dentists, if they be so inclined.

This opinion was made known to Dr. Ladd, and the suggestion offered, that, as the Medical Registration Association differed from the Council of the College of Dentists on the point, it would be desirable to try the question fairly, by prosecuting a respectable practitioner calling himself surgeon-dentist, (without the possession of a diploma from a College of Surgeons,) who was well known in the profession. The decision in such a case would be readily and generally allowed as a precedent.

To this suggestion a reply was received that the Medical Registration Association would be prepared to try the question at a convenient time.

The Council, knowing that a "convenient" time is generally a long while in arriving, and considering it important that some settlement of the question should be speedily arrived at, suggested arbitration, although of course aware that the matter could not be thus disposed of with legal authority.

Nevertheless, they were so convinced an impartial body of arbitrators would arrive at a just decision, that they were prepared to abide by the same, so far as members of the College of Dentists were concerned.

This course seemed the more desirable, as the executive had ample work before them, without devoting attention to questions which they might never be called upon to contest, and yet for the trial of which it would be necessary for them to be always prepared.

Again, it occurred to the Council that, if possible, it would be well to avoid a legal contest between two institutions, each established with the avowed object of conferring public benefit.

The Council had never the intention to avoid a trial of the question in a court of law by reason of a doubt as to the issue of the trial. Their desire was to settle the matter *at once*, in as amicable a spirit as possible.

In conclusion, I confess that I attach little or no importance to the prefix "surgeon;" but if the *right* to assume it exists, it appears to be an unwise proceeding on the part of the Registration Association to resist such right. Even supposing that the clause exempting dentists from the operation of the new Medical Act did not exist, all those practitioners of dental surgery who called themselves surgeon-dentists prior to the passing of the Act would scarcely be affected, because Acts of Parliament are not retrospective.

I shall, then, certainly retain my right to the title of surgeon-dentist (which has appeared on my door-plate for many years), until it can be proved that I do so illegally.

I am, Sir, your very obedient servant,
SAMUEL LEE RYMER.

Croydon, Sept. 1859.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The "Medical Officer" who thought proper to furnish you with what he terms the "Indian Army Medical Warrant" deserves to be severely censured for endeavouring to mislead the public. No such Warrant as that alluded to has yet been published by the authorities in India; and if it had, it would not have conferred any advantages whatever upon the members of the Indian medical service.

At present, medical officers in H.M. Indian Army have to serve as assistant-surgeons, with the relative rank of lieutenant, from fifteen to twenty years, and for the next ten as surgeons, with the mere relative rank of captain; whereas the assistant-surgeons in H.M. British Army obtain after six years' service the relative rank of captain, and on promotion to surgeon, which usually takes place after three more years' service, that of major; in addition to which, the medical officers of the British Army receive a higher rate of retiring pension than their *confrères* destined to serve a quarter of a century in the tropics, and are also provided with a passage at Government expense when proceeding to join their corps or when returning from sick leave—a privilege not granted to the medical officers of the Indian Army.

I am, Sir, yours respectfully,
A MADRAS ASSISTANT-SURGEON OF EIGHTEEN YEARS' SERVICE.

Madras, Aug. 1859.

MEDICAL TRIALS.

COUNTY MAGISTRATES' COURT, LIVERPOOL.

CHARGE AGAINST AN APOTHECARY OF ILLEGALLY PRACTISING AS A SURGEON.

(*Before* Messrs. SAMUEL HOLME (*chairman*), JOHN MYERS, *and* ROBERT BENN.)

MR. JOHN SHARPERS HALLOWS, of Old Swan, West Derby, appeared to answer an information laid by Mr. Wm. Honner Fitz Patrick, surgeon, of Knotty Ash, charging him with practising as a surgeon without being duly registered.

The summons was taken out under the Medical Act of the

21st and 22nd Victoria, the 40th section of which enacts as follows: "Any person who shall wilfully and falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine or surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any other name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20."

Mr. Fitz Patrick appeared personally in support of the charge, and Mr. Snowball represented the defendant, who was also present.

Mr. FITZ PATRICK was proceeding to state the case, when he was stopped by

Mr. SNOWBALL, who said—Are you a legal gentleman, sir?

Mr. FITZ PATRICK.—No, I am not.

Mr. SNOWBALL.—Then I object to your making any statement before you are sworn.

Mr. FITZ PATRICK was then (by desire of the Bench), sworn, when he said—This is an information laid under the 40th section of the Medical Act, passed in the last session of Parliament, against Mr. Hallows, for taking the title of surgeon, he not having a legal title. The surgeons of West Derby are very much aggrieved at the conduct of a person keeping a druggist's shop calling himself a surgeon, and who describes himself as such on his own door, has the word "surgeon" printed on his labels, and signs certificates. We ourselves are called upon to prosecute, as the General Medical Council declined to do so. Mr. Fitz Patrick then read the words of the 40th section given above, and continued:—Now, I admit Mr. Hallows is an apothecary, but I say he has no legal title as a surgeon. I shall prove, myself, that he has on his door the words "Hallows, surgeon;" and I will prove by a witness that, on September 23rd, the defendant dispensed a prescription in his own name, and as a surgeon. I saw, on September 23rd, a brass plate with the words "Hallows, surgeon," on his door, and over his door was a fanlight, with the words "J. Sharpers Hallows, surgeon," painted thereon.

Cross-examined by Mr. SNOWBALL.—I believe Mr. Hallows has been residing at Old Swan for some years. I was and am surgeon to the Poor-law Union.

You were suspended, I believe, from that office, and Mr. Hallows was put in your place for a month?—I don't know the exact time.

But you were suspended, and he was put in your place?—Yes.

The brass plate was put on Mr. Hallows's own door some years ago, long before this Medical Act was passed?—I am not personally aware that he has practised as a surgeon for some years. The Register tells me that since 1822 he has been an apothecary.

Your object, then, is to strike the name of a man who has been thirty-seven years a surgeon from the Register?—The Register tells me that since 1822 he has been an apothecary.

I repeat, your object is to strike from the Register the name of a man who has been thirty-seven years a practitioner?—No; not at all. The medical profession have been for half a century trying to get a recognition of their rights, and if a man has been acting illegally for thirty-seven years, I cannot help that.

The witness continued.—And to prove that I did not recognise Mr. Hallows as a surgeon, I opposed his payment as temporary medical officer on the ground of non-qualification, when the auditor said, as the Poor-law Board had unwittingly sanctioned his appointment, they would not undo their own act.

JOHN LAWRENCE, man-servant, deposed: Yesterday week I took a prescription to Mr. Hallows, Old Swan, when he made up some medicine according to its requirements, and gave it to me himself in a bottle. (The bottle was here produced, and on it was a label with the name of the defendant, who was described as a surgeon and dispensing chemist.)

Cross-examined by Mr. SNOWBALL.—From whom did you receive the prescription that you took to Mr. Hallows?—I cannot say, Sir.

Mr. FITZ PATRICK.—I wrote it for him.

Mr. SNOWBALL.—Then you wrote a prescription so as to tempt him to do what was wrong?

Mr. FITZ PATRICK.—Decidedly. (To the Bench): That is my case.

The Register was put in, from which it appeared that Mr. Hallows was described as a licentiate of the Apothecary's Society merely.

Mr. SNOWBALL then addressed the Bench on behalf of his client. He said, though Mr. Fitz Patrick might be a very good surgeon or medical man, he was certainly not a very good lawyer; for he believed that he did not know what the legal meaning of the word "surgeon" was. Mr. Hallows was registered as an apothecary some thirty-seven years ago, and several years since, long before the last Medical Act was passed, he had the word "surgeon" put up over his door. The question, in his opinion, was whether Mr. Hallows had then a right to act as a surgeon? Without doubt he had, and not merely such a right, but he had also the right to recover his fees for so acting. He (Mr. Snowball) did not understand what the feelings of medical men were, but he did understand what the feelings of most people were, and he thought that they would feel ashamed and disgraced to take, as it were, the bread out of the mouth of an old man who had followed legally his practice with some success for many years. The present was a most disgusting case, even supposing that in point of law Mr. Hallows was wrong; but he contended that he was not, and that the ignorance and malignity manifested in the getting up of the case must fail, and Mr. Fitz Patrick would have to go back to his home very likely to be hissed and hooted at by most of his neighbours. Before the recent Medical Act was passed, Mr. Hallows was undoubtedly entitled to practise as a surgeon; but if, in so practising, he did what was wrong—such as committed manslaughter through want of skill—he might be prosecuted for the consequences. By an Act passed in the time of Henry VIII., he had the right of practising; and he (Mr. Snowball) believed that the recent Act did not intend to take away that right, but merely to prevent those who were not at the time legal practitioners, or duly qualified, from practising.

The CHAIRMAN.—The information is laid under a section of an Act passed in the 21st and 22nd of Victoria, and the words of that section seem to me quite clear.

Mr. SNOWBALL.—By the Act passed in the reign of Henry VIII., Mr. Hallows had as much right to practise as a surgeon as any man breathing.

The CHAIRMAN.—That is not disputed, but the present information is laid under an Act passed since then—in the last session of Parliament.

Mr. SNOWBALL contended that the Act merely meant to apply to all persons who were not legally qualified at the time it was passed, and not to those who were. Now Mr. Hallows was distinctly registered as an apothecary, and, by a prior Act of Parliament, was capable of practising as a surgeon. The question was, did the recent Medical Act intend to take the bread out of the mouths of those who were at the time legally, successfully, and with a due knowledge of their profession, practising as surgeons? He thought not, and the very preamble of the Act, he asserted, showed that it did not. He then observed that Mr. Fitz Patrick said that the information was not intended to upset Mr. Hallows; but it appeared to him that that gentleman and his medical friends had made up their minds to punish the defendant, and he considered that in bringing two informations against his client they had been guilty of most malignant and vindictive proceedings. Surely, the point of law could be settled by one information only: if Mr. Hallows was wrong, he presumed that the Bench would not punish him beyond inflicting a nominal fine. In the case at least there was a doubt, and they all knew the difficulty there was in deciding who really was, or was not, a legally-qualified surgeon, and the discussions that took place in the newspapers on the subject some time ago; as to whether, for instance, an apothecary could draw a tooth or let blood the same as a surgeon. Why did not Mr. Fitz Patrick and his generous friends prosecute Mr. Hallows long ago for practising as a surgeon? Because they knew that the law would not allow them to do so, and if not then, did the Bench think that the recent Act was intended to give them the power? He asserted that it was not. Mr. Hallows was a medical practitioner, legally exercising his calling prior to the passing of the recent Act; and he contended that he was a duly-qualified practitioner still. Drs. Scott, Duncan, Dickens, Sutherland, and other eminent medical men, had all given testimonials testifying to Mr. Hallows' skill as a professional man.

The CHAIRMAN.—If Mr. Hallows is duly qualified, as you state he is, why did he not get registered as a surgeon?

Mr. SNOWBALL.—He is, sir.

The CHAIRMAN.—Not according to the Act.

Mr. FITZ PATRICK.—We admit he is a practitioner, and has a right to dispense medicine, or to practise medicine as an apothecary; but we deny that he has any right to practise as a surgeon, or to act as such.

THE CHAIRMAN.—One of the sections states that from the 1st of January no person shall be entitled to recover, unless registered as a surgeon.

Mr. FITZ PATRICK said, many of the surgeons who practised as such before the passing of the recent Act asked the Medical Council to allow them still to practise and recover their fees as before, when the Council replied that they had no right or power to regulate the provisions of the Act.

THE CHAIRMAN.—The question before the Bench is this: Here is an Act of Parliament, passed last year, which requires all persons who practise as surgeons to be registered as such. The application which this gentleman (Mr. Fitz Patrick) makes is not one to prevent the defendant practising as an apothecary, but as a surgeon. The defendant puts the word surgeon on his door, and on the labels attached to his bottles when he makes up a prescription, and that is clearly an offence under this Act—there is no doubt about that.

Mr. SNOWBALL.—Will you, sir, give us a case to carry up to the Court of Queen's Bench? It is a question of great importance. By the Act of Henry VIII.——

THE CHAIRMAN.—Dont let us go back to the times of Henry VIII. I see the provisions of that Act apply to "sorceries, witchcrafts, and any other inconvenience." (Laughter.) If you can show that the defendant has registered under the Act of Parliament as a surgeon, the case is ended. I am afraid if I were to practise as an attorney, Mr. Snowball, you would say I must be bound by the law.

Mr. SNOWBALL.—I must again ask if you will grant us a case? It is a very important case, and there is a difficulty, without a doubt.

THE CHAIRMAN.—There is no difficulty about it, in my opinion.

Mr. SNOWBALL after reiterating his opinion that his client was right in acting as he had done, read a long but not a very definite letter from the solicitor to the Apothecaries' Company to the defendant, expressing the writer's opinion upon the Medical Act in question. Mr. Snowball again asked the Bench to grant a case.

The CHAIRMAN said they all knew that there was some little jealousy in all professions, especially in learned professions, when any man began to practise who was not legally qualified. In the case he had just mentioned, for instance, that of an individual practising as an attorney who had no legal right to do so, he apprehended the legal profession would oppose him.

Mr. SNOWBALL.—For myself, I wish everyone were allowed to practise as an attorney, for there would be a great deal more law. (Laughter.)

THE CHAIRMAN.—The question in the present case is not one of law, but of fact. You see that, according to an Act of Parliament, the defendant is to be registered if he practises as a surgeon. Now, his name does not appear on the Register, and, therefore, we are unanimously of opinion that a clear breach of law has been committed. Looking at the case as practical men, and taking the common-sense view of it according to the English language, we do not feel any doubt. The gentleman is practising as a surgeon; he has his name over the door as a surgeon; he has it on the bottle that he is a surgeon as well; and it is clear that if he is a surgeon he must be registered as such. He could have applied to be registered if he thought fit. Under any circumstances, we must levy a small penalty; and if the gentleman is legally qualified to practise as a surgeon, he must follow the usual course, and become registered.

Mr. SNOWBALL.—We cannot do that.

THE CHAIRMAN.—Then you must take the consequences. We cannot help you.

A penalty of 20*s.* was then inflicted upon the defendant for practising as a surgeon without being duly registered according to the requirements of the Act.

Mr. SNOWBALL again applied to the Bench to grant a case, when the Bench (after consulting with their clerk) replied that they were informed by their legal adviser that they could not do that.

Mr. ATHERTON (the clerk).—You have no right to apply to grant a case.

Mr. SNOWBALL.—The object of the surgeons connected with Mr. Fitz Patrick is, I suppose, now quite satisfied; and I presume, therefore, that the second information against the defendant (that of signing a certificate without being legally qualified to do so) will be withdrawn?

Mr. FITZ PATRICK.—Yes; certainly.

The second information was then withdrawn, and the defendant left the Court accompanied by his friends.

DUMFRIES CIRCUIT COURT OF JUSTICIARY.

FRIDAY, SEPTEMBER 23RD, 1859.

FRAUD ON THE REGISTER.

(*Before* Lord Justice Clerk (INGLIS) *and* Lord NEAVES.)

JOHN BROATCH, designating himself a surgeon, and residing at Orchard Cottage, Ruthwell, Dumfriesshire, was charged with having committed a fraud upon the Medical Register, in having caused his name to be inserted therein as a licentiate of the Royal College of Surgeons of Edinburgh, on the faith of a certificate that he was possessed of a diploma dated March, sworn to by the defendant, and attested by Dr. James Murray M'Culloch. In the course of the evidence given, it appeared that neither Dr. M'Culloch nor Mr. Waugh, the county magistrate before whom the affidavit was made, had ever seen the diploma referred to, but that the former had attested its existence on the representations made to him by the defendant—that he was actually possessed of the diploma in question.

On a reference to the diploma book of the Royal College of Surgeons of Edinburgh, which was produced in court, the name of John Broatch was not found therein. After some evidence, tending, but by no means conclusively, to show that the defendant had once actually possessed a diploma, which had become lost, the advocate depute addressed the jury, asking for a verdict of guilty; and Mr. Gifford, the counsel for the defendant, having also spoken, the Lord Chief Justice Clerk summed up. The jury returned a verdict of guilty, and the prisoner was sentenced to three months' imprisonment.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

A MEETING of the Committee was held at the offices of the Association, No. 5, Charing-cross, on Wednesday evening last, Dr. Kirby in the chair. A large amount of correspondence was read. Amongst the resolutions agreed to was one that the question of the right of dentists to assume the title of "surgeon"-dentists should be immediately brought to an issue, and the steps to be taken were determined on. Votes having been taken, it was unanimously carried that several other prosecutions should be commenced; and, as will be seen by an advertisement in our columns, the annual general meeting of the Association was fixed to take place at the Freemasons' Tavern, on Thursday, the 3rd of November ensuing.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE, OCT. 3RD.

THE examinations for medical degrees in the present Term will commence on Monday, the 14th of November, at nine A.M., in the Arts' Schools.

Gentlemen, candidates for the degree of M.B., intending to offer themselves for examination, are requested to signify the same to the Regius Professor of Physic on or before the 31st day of October, specifying whether they intend to offer themselves for the first or second examination only, or for both examinations for that degree.

N.B. The classical subjects for the ensuing examination for the M.B. degree are:—

Aretæus.—"On the Causes and Symptoms of Acute Diseases." The first five Chapters of the first Book.

Hippocrates.—The 5th, 6th, 7th, and 8th Sections of the Aphorisms.

Celsus.—The 4th and 6th Books.

Candidates must produce their certificates before admission to examination.

Bachelors or Licentiates of Medicine, or Masters of Arts, desirous of proceeding to the degree of M.D. in the present term, are requested to communicate their intention without delay to the Regius Professor of Physic, with a view to the arrangements necessary for their public exercises in the schools.

The Pass Examination in Botany will commence in the Senate-house, at two o'clock, on Monday, Oct. 17th.

TESTIMONIAL.—A testimonial, consisting of a purse of 20 guineas, has been presented to W. C. T. Wagstaff, Esq., M.R.C.S., on his removing from Isleworth, where he has acted as medical assistant for the last nine years, to conduct a practice in Northampton on his own account.

Medical News.

ROYAL COLLEGE OF PHYSICIANS. — At the Comitia Majora, held on the 30th ult.,

A. T. HOUGHTON WATERS, Liverpool,

was admitted a member of the College after examination.

At the same Comitia, the following Extra-Licentiates of the College were admitted members under the temporary Bye-Laws:—

JOSEPH DICKINSON, M.D., Liverpool.
CHARLES WHITTON CROWDY, Brighton.
EDWIN LANKESTER, Savile-row.
THOMAS PAYNE JAMES GRANTHAM, Bargh, Boston.
FRANCIS PLOMLEY, Maidstone.
JOHN LISTER, Porchester-terrace, Hyde-park.
JOHN GRANT STEWART, Greenwich Hospital.
THOMAS GIORDANI WRIGHT, Wakefield.

The following Graduates of Medicine were also admitted members of the College under the temporary Bye-Laws:—

DANIEL MACLACHLAN, M.D., Royal Hospital, Chelsea.
ROBERT FRANCIS POWER, M.D., Lower Grosvenor-place.
WILLIAM HENRY GOOCH, M.D., Ventnor, Isle of Wight.
EDGAR SHEPPARD, M.D., Hanover-terrace, Regent's-park.
JOHN ROSE CORMACK, M.D., Ampthill-square.
FREDERICK ROBINSON, M.D., Scots Fusilier Guards.
SIR JOSEPH F. OLLIFFE, M.D., Rue St. Florentin, Paris.
GEORGE ARTHUR HUMBLE, M.D., Upper-street, Islington.
GEORGE BROWNING, M.D., St. Stephen's-crescent, Westbourne-park.
ALFRED MEADOWS, M.D., Cavendish-place, Cavendish-sq.
SAMUEL HOLDSWORTH, M.D., Wakefield.
JOHN JAMES DOUGLAS BURNS, M.D., R.N., Chatham.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, September 29th, 1859.

ARMINSON, JOHN, Preston, Lancashire.
GAYE, ARTHUR CHARLES, Minehead, Somerset.
GREENWOOD, NEWTON, Truro, Cornwall.
HORSLEY, HENRY, Croydon, Surrey.
JACKSON, JOHN, Leicester.
PARKER, ROBERT, Churton, Cheshire.
RISTE, WILLIAM, Bere Regis, Dorset.
SHEPHERD, JOSEPH BROOKS, Skidhill, Kent.

The following gentlemen also, on the same day, passed their first examination:—

BAWLING, THOMAS, Birmingham.
HUME, HENRY, Newcastle-on-Tyne.
KITCHING, THOMAS, Campbell-road, Bow.
LEE, LEONARD JOHN, Devonshire-square.
WISE, WILLIAM CLUNIE, Plumstead, Kent.
WITHER, FRANCIS ORDE BIGG, Basingstoke, Hants.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following gentlemen, having undergone the necessary examination, were admitted Licentiates:—

ATKYNS, ALFRED, L.S.A.L., New North-road, Hoxton.
ARNISON, CHARLES, L.S.A.L., Alston, Cumberland.
BARRATT, EDGAR, L.S.A.L., Brighton.
BOYDELL, J., M.D., Sackville-street, Piccadilly.
CHICK, EDWIN REYNOLDS, M.R.C.S.E., Manchester.
DAVIES, J. HAMILTON, M.R.C.S.E., Birmingham.
HORNER, THOMAS, M.R.C.S.E., Spencer-road, Stoke Newington.
WELCH, CHARLES, M.R.C.S.E., L.S.A.L., Hackney-road.

HOSPITAL FOR CONSUMPTION, BROMPTON.—Dr. Theophilus Thompson has resigned his appointment as physician to this hospital.

BRITISH LYING-IN HOSPITAL, ENDELL-STREET, LONG-ACRE.—The weekly board have received intimation of a bequest, by the late Mrs. Mary Anne Worley, to the amount of £500, in favour of the above charity.

THE LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE was opened on the 1st instant, with an able and eloquent address by Dr. Collingwood.

YELLOW FEVER.—Havannah and the island of Cuba are infected with yellow fever.

TWO DRINKING-FOUNTAINS are about to be placed at the portico of the British Museum.

THE FRANKLIN EXPEDITION.—The officers of the Royal Navy who have taken part in Polar expeditions entertained Captain M'Clintock, on Wednesday evening last, at a dinner at the Thatched House Tavern.

PURIFICATION OF THE THAMES.—The total quantity of disinfectant agents used during the past season has been about 4281 tons of chalk lime, 478 tons of chloride of lime, and 56 tons of carbonic acid, at a cost of £17,733.

MR. B. MEYERS, of Mill-lane, Tooley-street, has given six acres of land, worth £3000, as a site on which to rebuild the Jews' Hospital at Norwood.

DIPHTHERIA is epidemic in Canterbury.

SIR DAVID BREWSTER.—The "Caledonian Mercury" announces the acceptance by Sir David Brewster of the office of Principal of the Edinburgh University.

DISINFECTANTS IN PARIS.—Ever since Messrs. Corme and Demeaux proposed sulphate of lime and coal tar as a disinfectant, purifying agents have been the order of the day. The merit of the discovery was of course at first disputed; and everyone who thought he could contrive some disinfecting compound sent papers and samples to the Academy of Medicine or of Sciences. The last applicant is M. Boinet, well known by his works on Iodine, who, in a paper read Sept. 20th, before the Academy of Medicine of Paris, contends that the foulest sores can be rendered perfectly sweet by applications of tincture of iodine. There will be no harm in trying this agent, which, no doubt, has already rendered very great service.

MELANCHOLY DEATH OF AN INDIAN MEDICAL OFFICER.—Dr. Windus, surgeon of Chicacole, Madras Presidency, Lieut. Cunliffe, 31st Regt. N.I., and Captain Harrington, 2nd European L.I., were out shooting at a village about twelve miles from Chicacole, on the evening of the 9th of August. They had placed themselves considerably apart, but still in a line, facing a belt of jungle, on the edge of which they had picketed some goats as baits for the cheetahs, which they were on the look out for. It had got dusk when Windus, by some fatality, left his position, and, passing along in front of the other two, came out of the jungle just behind Cunliffe's goat. It was so dark that Cunliffe could scarcely see the sight of his rifle. He, however, took aim, fired, and shot poor Windus right through the body. Even then, so little did Cunliffe know the true object he was firing at, that when the coolie who followed Windus came out he all but fired at him also. As soon as it was seen what had really occurred, Harrington and Cunliffe rushed up, and found Windus, as he himself told them, mortally wounded. He was quite calm and composed from first to last, and died a little after five o'clock on the morning of the 10th. Windus and Cunliffe were most close and intimate friends, which, perhaps, makes this catastrophe still more painful. The former on his death-bed said, "Poor Cunliffe will be sadly distressed at this;" and so, indeed, he is, for he is said to be perfectly overwhelmed with grief.—*Homeward Mail.*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCTOBER 1ST.—The returns continue to show an improvement in the public health. In the first week of September the deaths registered were 1111; in the last week which ended October 1st they were 1014. A decrease is usually observed at this period of the year; but a comparison of the present returns with those of previous years exhibits also a satisfactory result, for, excluding the deaths from epidemic cholera in the two years 1849 and 1854, it will be found that the deaths of last week were less considerably than those that would have occurred if the average rate of mortality in the corresponding weeks of the years 1849–58 had prevailed. Deaths arising from diarrhœa declined last week to 40; in the first week of September they were 148. Only 2 are referred to cholera, both of which occurred to infants. But the mortality of scarlatina continues high, 80 deaths from this disease being recorded, against a corrected average of 62. There are also 17 from diphtheria. Scarlatina was fatal in 7 cases in Islington; diphtheria in 3. Four cases of the former disease occurred in the West sub-district of Hackney; also 4 in St. Mary, St. George-in-the-East. Small-pox carried off 15 children and 4 adults; measles 17 children, 4 of whom died in Kensington-town. Four persons died from ague, 2 from remittent fever, 8 from rheumatism. A man died at the age of 93 years, two widows at the respective ages of 94 and 95 years.

Last week, the births of 812 boys and 766 girls, in all 1578 children, were registered in London. In the ten corresponding weeks of the years 1849–58 the average number was 1621.

MEDICAL DIARY OF THE WEEK.

MONDAY, OCTOBER 10	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. MEDICAL SOCIETY OF LONDON. — 8 P.M. Mr. Henry Thompson, "On Internal Urethrotomy in Obstinate Stricture of the Urethra."
TUESDAY, OCTOBER 11	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations by Mr. Holt at 2 P.M.: Necrosis of the Tibia, and two cases of Stricture of the Urethra.
WEDNESDAY, OCT. 12	MIDDLESEX HOSPITAL.—Operations, 12½ P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
THURSDAY, OCTOBER 13	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
FRIDAY, OCTOBER 14	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, OCTOBER 15	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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To Correspondents.

The Title of Surgeon.—The case of Mr. J. S. Hallows, reported at page 373, is one of great importance. The decision seems to be in accordance with the spirit and letter of the Act; but that grave doubts exist on this point may be gathered from the anxiety of the defendant's counsel to procure a "case" for decision in the Queen's Bench. Before that tribunal the questions referring to titles must be eventually decided.

M.R.C.S.E., (Lincolnshire.)—The law will reach him if he assume any medical title which can be registered.

Justitia.—1. It is questionable.—2. No.

Dr. Girdwood has forwarded to us a letter intended for publication, but for the insertion of which we cannot possibly find space. We extract, however, the following passages:—

"In *The Times* appeared two letters a few days after the trial of Smethurst—one from Dr. Tyler Smith, recapitulating the evidence he gave on the trial; and the other from an anonymous correspondent, pointing out Dr. Smith's letter as opening up a new view of the case, and inferring that only 'from that moment the idea of pregnancy as the cause of Miss Bankes' illness and death became prominent.' This is a mistake. So far from the point being overlooked, it is but due to myself to state that, having had the medical evidence given at the coroner's inquest and before the magistrates submitted to me for my opinion, I gave, in a memorandum for counsel, dated 15th June, the following remarks:—

"'Pregnancy having by autopsy been proved, and its commencement coëtaneous with the commencement of the purging and sickness, this ought to be the great fact to rely on. This interesting condition *alone* may be made to explain all the facts: the indomitable sickness, the ever-recurring diarrhœa—a diarrhœa at last ending in dysentery and death.'"

An Old Subscriber.—It is impossible to determine in what way the judges may interpret the Medical Act; but certainly, by long usage and custom, a physician is entitled to call himself "doctor."

W. W. W.—1. He would be enabled to recover for medicine and surgical advice. It is doubtful, however, whether he could for medicines supplied in a medical case.—2. Decidedly so.

Dr. J. R. Wardell's paper, "On Empyema," shall be published next week.

THE EDINBURGH ROYAL COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Permit me, as one who has lately passed the examination of the above College, briefly to reply to the letter of "A Surgeon and Apothecary," which appeared in your impression of the 17th ultimo. I fear his vexation has led him into error, as well as injustice towards the Medical Council.

The examination of the Edinburgh College of Physicians is a *thoroughly practical* and *searching* one, and such that not one student in fifty could be expected to pass immediately on completing his curriculum. This is quite right; for it is instituted avowedly to test the propriety of a man, already in practice, being raised a step in the professional scale. It is an examination that cannot well be "ground up" for, but which proves a man's personal acquaintance with the symptoms and treatment of disease. It is conducted with perfect impartiality and kindliness, and no one who has presented himself can doubt for one instant either the skill of his examiners or the fairness and urbanity with which he has been treated.

If your correspondent feels confident that his practical skill entitles him to the honour of election, he need have no great fear for the result; but I would not advise any gentleman to present himself, unless well prepared with a stock of *practical* knowledge in the diagnosis and treatment of disease. I think "A Surgeon and Apothecary" must see, on mature reflection, how very unwise it would be for the Medical Council to admit every one to the status of licentiate of a College of Physicians, who can pass only the more elementary examinations required by the London College of Surgeons and the Apothecaries' Company.

I am, Sir, yours obediently,

October, 1859. ANOTHER SURGEON AND APOTHECARY.

To the Editor of THE LANCET.

SIR,—Much has been written of late, partly in praise, but more in blame, of the (now exploded) regulations of the Edinburgh College of Physicians admitting legally-qualified practitioners as licentiates without examination. It has scarcely been noticed that hitherto no examination has been necessary for the higher title of fellow, all doctors of medicine being admitted as a matter of course, and the payment of certain fees, (rather extravagant ones I must confess.) Well, say the advocates of the late regulations, surely a M.R.C.S. and L.A.C. is at least equal to the M.D. of the Scottish Universities. He certainly may be so; but I think it is not too much to ask him to prove it by passing the ordeal. Many in England scoff, others sneer, at the idea of a Scottish degree being a proof of a man's qualification to practise as a physician. These gentlemen have only to cross the border, and endeavour to obtain the degree, and I venture to prophesy that they will return with some mitigated ideas. As an instance in point, I will name that at one of these maligned Universities, not many years ago, twenty-one candidates assembled for the purpose of being examined for the honour of possessing the M.D. degree. The majority of the candidates were from England, with the double qualification; all, with one exception, (myself,) were possessed of the licence of the Apothecaries' Society of London—men of mature years; the majority had practised in London, and the others in the different counties of England and Wales. The examination over, what was the result? *Ten* only appeared for graduation. What became of the others? Nine were rejected, and two decamped after a very short examination.

Surely this is not a proof of the English qualification being equal to the Scottish degree. This may have been an unfavourable state of things. I hope and trust that it was so; but it is a fact nevertheless.

I remain, Sir, your obedient servant,

London, October, 1859. CYMRO.

M.R.C.S.—We have reason to know that the matter will be immediately brought before the Senatus by the Professor of Medicine. No harm will accrue to the graduates of St. Andrews from its not having been already done.

Student, (Middlesex Hospital.)—There is a medical circulating library at Kimpton's, 31, Wardour-street, Soho.

If *Delta* will send his name and address, he shall receive a private note.

ASSUMPTION OF TITLES.

To the Editor of THE LANCET.

SIR,—The question how far dentists are entitled to assume the prefix "surgeon," whether they are qualified or not, involves an amount of absurdity, if not worse, upon which it is unnecessary here to enlarge. Two circumstances have, however, been brought to light by it, which afford important evidence in support of the efforts at present being made for elevating the practice of that branch of surgery above the position now and for many years past assigned to it.

First, there is demonstrated, according to the statements recently set forth, the extent to which for a very long period the unscrupulous assumption of this title has proceeded, and the extent to which the public must consequently have been misled in supposing that, like surgeon-accoucheur, surgeon-apothecary, &c., the title of "surgeon-dentist" implied the possession of any surgical qualification or diploma whatever.

Second, there is shown the disadvantage and want of protection under which those in this line, who have obtained a medical or surgical qualification, have laboured, the *bonâ fide* and the spurious prefix of "surgeon" being, of course, indistinguishable.

If the Medical Registration Act is to remedy any evil at all, it is surely such a state of matters as this. There is no hardship in requiring that for any title employed a legal right shall be possessed. Let those who consider it desirable or advantageous to appear as surgeons, obtain the right to such an appellation. If to be surgeons is not regarded as of any consequence, it seems inexplicable that such eagerness should be manifested to counterfeit the title, and it is high time that the long-standing mistake of having done so should be rectified.

I am, Sir, your obedient servant,

October, 1859. X. Y.

Mr. M. C. W. Fisher.—1. The first would entitle its possessor to style himself Doctor of Medicine; not so the second.—2. He must possess a surgical as well as a medical qualification.

Chirurgicus.—1. We cannot recommend the person.—2. If the name and address be forwarded to us, a private note shall be sent.

An Enquirer.—Dispensing of medicines is prohibited by the bye-laws of the College.

CANCER OF THE ŒSOPHAGUS.

To the Editor of THE LANCET.

SIR,—I have read with much interest in your journal of Sept. 17th the report of a case of Œsophageal Cancer, which occurred at the Norfolk and Norwich Hospital. In the remarks appended to the case, the reporter (Mr. Williams) makes some very pertinent observations on the pathology of cancer of the œsophagus, and it is to these that I would call attention, rather with the view of gaining correct information than from a wish to display any needless criticism. It is there stated that "neither Rokitansky, nor any writer I know of, has given an instance where an opening has been made by ulceration into the pericardial cavity." Again, "all are unanimously of opinion that it occurs most frequently at the upper part of the canal at its junction with the pharynx, and very rarely at its middle; but when it does it will be found to be of the encephaloid variety." On reference to the recently-published valuable "Lectures on Pathological Anatomy," by Dr. Wilks,—a work which may safely be regarded as a standard authority, coming from the pen of such a distinguished and experienced pathologist,—I find the following opinions, which are somewhat at variance with those above quoted:—

"The harder scirrhous form of the disease is rare.....a less rare form, although not very common, is the medullary. The ordinary form of cancer, however, is the epithelial, and this is *very common*, in most cases involving the surface of the tube, and then softening down; a large cancerous ulcer is the result. The disease is quite local, and in most cases is situated about the *middle* of the œsophagus, as a circumscribed, long, cancerous ulcer."—p. 284.

From this it would appear that, instead of "occurring most frequently at the upper part of the canal, and very rarely at its middle," the reverse is the case; and that the "*middle*" of the œsophagus, instead of being the seat of encephaloid cancer when affected, is the spot where the "most ordinary" form, or epithelial disease, is situated. Dr. Wilks also alludes to a specimen in his museum, in which ulceration *did* occur into the pericardial cavity, which was exhibited to his class. Dr. Habershon also gives the history of a similar case, with such a termination, in his work on "Diseases of the Alimentary Canal."

I am, Sir, yours obediently,

October, 1859. PATHOLOGY.

Mr. W. T. Harding will oblige us by "furnishing us with particulars of further events."

A would-be Aurist.—Kramer's work.

Mr. Goddard.—We are glad to learn that Mr. Jacob had no knowledge whatever of the intended insertion of the notice which appeared in a local paper.

SUBSCRIPTION TO REIMBURSE MR. B. T. JONES, THE PROSECUTOR OF WATTERS AND EDWARDS AT LAMBETH.

It will be recollected by the readers of the daily newspapers that an application was lately made by Mr. Benjamin Thomas Jones, of Mount-street, Grosvenor-square, to the sitting magistrate at Lambeth, the Hon. Mr. Norton, for his advice as to how he was to become reimbursed for the expense to which he had been put (£60 or £70) in the prosecution of the notorious quacks, Watters and Edwards, now undergoing their sentence of imprisonment for eighteen months with hard labour. The prosecutor being in humble circumstances, the loss to him was serious, since only a trifling allowance could be awarded to him at the Central Criminal Court. The magistrate expressed a hope that the medical profession would contribute to secure from loss one who had acted so disinterestedly in their cause. Mr. Samuel E. Smith, Surgeon, of Pall-mall East, who has warmly taken up the case of Mr. Jones, has forwarded to us a letter, in which he writes:—

"Allow me, through your valuable journal, to make known the success I have met with up to the present time, and especially the handsome manner in which the London Medical Registration Association has come forward to head the subscription with a donation of £5 5*s.*, which, considering the expenses entered into by the Society in originally proceeding against these men, together with the present state of its finances, is much more than could have been expected. May I be excused remarking here that I trust our profession will more generally unite to support an Association that would no doubt, if it had sufficient funds, completely rid its ranks of the impostors and swindlers who at present hang on its outskirts, and are so injurious to the public good and morals."

The following is a list of subscriptions already received (at the date at which the letter was forwarded to us) for defraying the expenses of Mr. Jones incurred in the action in question:—

The London Medical Registration Association ...	£5	5	0
Samuel E. Smith, Esq.	5	5	0
William Harvey, Esq., F.R.C.S.	1	1	0
M.D.	1	1	0
J. W. Rodgers, M.D.	1	1	0
H. Cowell and Tallers, Esqs.	0	10	0
T. K., M.D.	0	10	0
Thos. Hawksley, M.D.	0	10	6
— Cape, M.D.	0	10	0
J. B. Chappell, Esq.	0	5	0
T. S., M.D.	0	5	0
George Thane, M.D.	0	5	0
B. W. Richardson, M.D.	0	5	0
T. S. H.	0	5	0
T. G., M.D.	0	2	6
John Jameson, Esq.	0	2	6
William Holland, M.D.	0	2	6

We are authorized to state that the Hon. Mr. Norton has consented to receive subscriptions at the Lambeth Police Court. Subscriptions may also be paid to Mr. S. E. Smith at No. 12, Pall-mall East.

A Medical Practitioner.—By courtesy he can assume the title of "doctor." He cannot, however, append M.D. to his name, but must be content with the addition of the initials of his qualification.

Inquirer.—In 1823.

M.R.C.S. (Birmingham) must send us his name and address before we can publish his letter.

X. Y. Z.—It has not yet been decided in a court of law. Custom sanctions the practice.

ARMY SURGEONS AND ARMY FLOGGINGS.

To the Editor of THE LANCET.

SIR,—I have no personal or other acquaintance with the medical officer said to have received a reprimand in the case of the punishment of the artilleryman (Davis) at Woolwich, and whether he was guilty of an error in judgment or not, he has my sincerest sympathy. There has been a great demonstration of indignation on the part of the public at the continuance of this disgusting mode of punishment. On the other hand, there has been a proportionate share of violent abuse misdirected as to its objects, and but too often based upon purposely and wickedly exaggerated statements in many quarters. As soon as a substitute is found for the lash, I am sure that it will be received as a welcome boon by both officers and men, more particularly by the medical officers of the army. Of the onerous duties of the latter, often most disagreeable and embarrassing, civilians can form no idea.

An important fact has escaped inquiry, so far as I know, during the discussion of this subject. The very nature of the instrument of punishment renders it most objectionable. A trifling difference (which would escape the notice of a casual observer) in the weight and manufacture of the lashes will double the severity of the infliction. This has been repeatedly taken advantage of years ago. At the present time it is said that the cats are distributed to each corps from head-quarters, and they may therefore be presumed to be uniform in weight and manufacture; but it is evident that it may be in the power of the authorities to issue at any time a more severe instrument. I have conversed with officers, non-commissioned officers, and men on this subject, and have been almost invariably told that (especially since the punishment and death of Fredk. White at Hounslow) my informant has seen men's backs quite as much lacerated with the present amount of 25 lashes as after the reception of two hundred, which I believe was the maximum amount that a regimental court martial could inflict previously to that sad affair. Thus one may easily conceive that with a heavier scourge, wielded by an executioner of stronger nerve and muscle, or more adroit at his dreadful business, a poor fellow with a very sensitive nervous surface, or of weaker frame and less power of endurance, or, above all, who has received a better education and more tender nurture at home, may suffer double the amount of torture endured by a man of an opposite nature.

Now is the time for us, who practise in civil life, to come forward and assist our military medical brethren, by expressing in a temperate, though earnest, petition to Parliament our ardent desire to see abolished a punishment so repugnant to the national feeling, and thus relieve the army surgeon from a portion of his duty, abhorrent to his feelings as a man, and humiliating to him as a gentleman, inasmuch as it degrades him for the time to the level of an assistant to the executioner. I am, Sir, your obedient servant,

October, 1859. D.

A Candidate.—The Royal College of Physicians, Edinburgh, do not forward us the "pass-lists." This gives rise to much inconvenience, and the neglect is really censurable.

Knowledge.—1. See answer to "X. Y. Z."—2. He can style himself physician and surgeon.

Excelsior.—1. Either of the three works named.—2. Gray's Anatomy.

SUPPOSED POISONING FROM MEZEREON BERRIES.

To the Editor of THE LANCET.

SIR,—The cases in which the effects upon the human body of the so-called poisonous berries are witnessed are so unfrequently related, that I think no apology is needed for sending the following case, which occurred a short time since:—

The patient was a girl, aged about three years, daughter of a gardener, who had eaten some berries of the Daphne mezereon. On my arrival, I found the child labouring under the following symptoms:—Dryness and burning of the throat, with attempts to vomit; intense thirst; great heat of skin; great prostration of strength; pale countenance; and a feeble but quick pulse. Although it was fully an hour after she had eaten the berries, I gave an emetic of sulphate of zinc, which brought up several berries, partially digested. The pain over her stomach was now so severe, that I ordered a succession of hot opiate epithems, and applied two leeches to her throat to relieve the burning pain, and allowed her nothing to drink but milk. Next morning she was a good deal calmer, and had passed two berries by stool. I now ordered an enema, which brought away a great quantity of flocculent matter, but no berries recognisable. I gave nothing further but milk and mucilaginous drinks. She gradually recovered, and returned to her ordinary food seven days after she had taken the berries.—I am, Sir, yours obediently,

Cramond, October, 1859. J. BELL CARRUTHERS, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. David Miller; Mr. P. C. Price; Dr. Arnison, Alston; Dr. Chas. Welch; Mr. J. W. Hulke; Mr. G. H. Lowes; Mr. W. T. Harding; Dr. Aldridge, Southampton, (with papers;) Mr. Abbey, Wellingboro', (with enclosure;) Dr. Wynter, Winslow, (with enclosure;) Mr. Higgins, Peel, (with enclosure;) Mr. Pickop, Blackburn, (with enclosure;) Mr. Morris, Prescot; Dr. Mackinder, Gainsborough, (with enclosure;) Mr. Booth, Huddersfield; Mr. Lownds, Walker, (with enclosure;) Mr. Starr, Bath, (with enclosure;) Dr. Sall, Canterbury; Mr. Todd, Bognor, (with enclosure;) Mr. Bennett, Gateshead, (with enclosure;) Mr. Livingstone, Edinburgh, (with enclosure;) Mr. Taylor, Mattishall; Mr. Mercer, Coventry; Rev. J. Williamson, Wells; Mr. Bailey, Coleshill; Mr. Dyson, Almondbury; Mr. Vaughan, Tiptoe, (with enclosure;) Mr. Fouracre, Cheltenham; Mr. Pitman, Stockport; Mr. Stokoe, Maidstone, (with enclosure;) Chemicus; An Enquirer; Excelsior; Justitia; M.R.C.S.; A Medical Practitioner; A Candidate; An Old Subscriber; &c. &c.

The Englishwoman's Journal has been received.